

DR PHILIP NITSCHKE & DR FIONA STEWART

THE PEACEFUL PILL **e**HANDBOOK



Exit International USA

DIGITAL ONLINE
EDITION

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About The Peaceful Pill Handbook Series

The Peaceful Pill Handbook information book series is published to provide research and information on euthanasia and assisted suicide for the elderly, those who are seriously ill (for example with cancer or ALS) & their family/ friends.

The online edition is updated up to 6 times each year, ensuring that readers have access to the most up-to-date important information on euthanasia and assisted suicide developments globally.

The print edition of *The Peaceful Pill Handbook* on euthanasia and assisted suicide was first published in 2006. The online *Peaceful Pill eHandbook* (subscription) was first published in 2008.

For more information about *The Peaceful Pill Handbook* series,
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For

Derek Humphry

for his courage and compassion in showing the way

‘Freedom takes a lot of effort’

Anna Stepanovna Politkovskaya

***The
Peaceful Pill
eHandbook***

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&
Dr Fiona Stewart**

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<http://www.peacefulpillforums.com>

To apply for membership of the Forums, you will first need to be aged 50 years or over and of sound mind. To apply, send an email to:

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* Photo ID is required.

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Preface

The Peaceful Pill eHandbook has been created at a time when there are very few places where Seniors and those who are seriously ill can get information about their end-of-life choices.

In 1996, Australia passed the world's first right to die law; the *Rights of the Terminally Ill Act (ROTI)*. Under *ROTI*, four of my seriously ill patients self-administered a legal, lethal overdose of drugs; a Peaceful Pill if you like. All died peacefully in their sleep, surrounded by people they loved.

I know this, because back then I was their treating physician. I was the one who put the needle into their veins. And I was the one who built the 'Deliverance Machine' that they used to die. The Deliverance Machine was a laptop computer and program that gave these individuals the ultimate control over their deaths. Their deaths taught me much, but mostly how important it is for people to be allowed to have control at the end.

On each separate occasion, the computer presented a short series of questions:

1. Are you aware that if you go ahead to the last screen and press the 'yes' button you will be given a lethal dose of medications and die?
2. Are you certain you understand that if you proceed and press the 'yes' button on the next screen you will die?
3. In 15 seconds you will be given a lethal injection ... press 'yes' to proceed.

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The Deliverance Machine can be seen at the British Science Museum, London

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After pressing the button for a third time, the Machine would deliver a lethal dose of the barbiturate, Nembutal. The Deliverance Machine enabled these four people to die peacefully and with dignity under a new law.

My experience in those days of legal, assisted suicide taught me that the drug sodium pentobarbital - commonly known as Nembutal - provides one of the most peaceful death imaginable. And it almost never fails. That is why it is used in countries like the Netherlands, Belgium and Switzerland and the US States of Oregon, Washington, Vermont, California and Colorado where assisted suicide is lawful.

In western countries where there are no end-of-life laws, the means of achieving a peaceful death is next to impossible. The rationale governments is that if people are kept in a state of complete ignorance they will live longer, happier lives. Not true!

In our experience, once people have access to information that empowers and enables informed decisions to be made, they tend to stop worrying. Knowledge about one's end-of-life choices is empowering. It is this empowerment that promotes a longer, happier life. Not ignorance.

The Peaceful Pill eHandbook has been created to provide the most accurate, up-to-date information about end-of-life choices possible. The online medium has proven the perfect format for disseminating information in this fast-changing field.

The Peaceful Pill eHandbook is published in the US where freedom of speech is enshrined in the United States *Bill of Rights*. Of course, the *eHandbook* covers some grey areas of the law. It is the Constitutional protections offered by the First Amendment that allows these issues to be canvassed.

Preface

The Peaceful Pill eHandbook draws on more than a decade's scientific research and political advocacy in the fields of Assisted Suicide and Voluntary Euthanasia. Since its publication in October 2008, this *eHandbook* has become the leading Internet resource on end-of-life choices.

Acknowledgements

The *Peaceful Pill eHandbook* could not have been written without the support of many people. First to thank are the many Exit members, Exit forum users and PPeH subscribers who have contributed their expertise, ideas and travel stories. In addition, the books have benefitted from specific technical, legal, medical, film and language contributions from Matteo Holzknecht, Steve Hopes, Ted Ballou, Carlo Quaglia, Hans Van Amstel-Jonker, Rene Heijkoop, Casilda Fernandez and Guylene Briend Surel. We would also like to acknowledge the technical staff at Yudu in the UK for their ongoing work and support. And finally we thank our staff at Exit International for their tireless work, do day in and day out.

A Word of Caution

This book *is* intended for Seniors and people who are seriously ill (and their families). This book is *not* intended for young people or anyone suffering from psychiatric illness or depression. As authors we acknowledge that there is a small risk that this book may be misused by people for whom this information is clearly not appropriate.

The risk that information of this nature may be misused was a fact acknowledged by the ‘godfather’ of the right-to-die movement, former British journalist, Derek Humphry. When Derek first published *Final Exit* in 1991 he was criticised for endangering suicidal teens the world over. However, as he would later point out, the suicide statistics failed to show the much talked about ‘blip’. There has been no rise in the suicide rate. Providing people with information does not incite or encourage people to die. And this is a critical point.

Rather, reliable, accurate information empowers people to make informed decisions about their own end-of-life circumstances. Good information should not only prevent grim, horrible deaths of gunshot and hanging (the most common causes of suicide in the US, UK and Australia respectively) but it should allay fears. It is paradox, perhaps. By equipping Seniors and those who are seriously ill with knowledge that empowers and returns control, these same people are more likely to stop worrying and get on with living. Anecdotal evidence to this effect can be seen at each and every Exit meeting. Fears are addressed and participants feel back in control.

Preface

As authors, we ask that users of this *eBook* respect its integrity and intended audience. Seniors, the elderly and people who are seriously ill deserve to be able to make informed decisions about their futures. Ignorance is not an acceptable state of affairs.

It is a basic human right to live and die with one's dignity intact. *The Peaceful Pill eHandbook* is one way of helping ensure that one's passing might be as proud and strong as one's living.

If you feel you need counselling, please contact the following organisations:

USA:	Suicide Prevention Hotline - 1 800 273 8255
UK	The Samaritans on - 08457 90 90 90
Australia	Lifeline on - 13 11 14
New Zealand	Lifeline on - 0508 828 865
Canada	The Life Line on - 1-800-668-6868

Other countries hotlines can be found at:

<http://www.suicide.org/international-suicide-hotlines.html>

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Tips for Use

Navigation

The Peaceful Pill eHandbook breaks new ground in online publishing. Part-book & part-video, the Yudu technology platform of the *Peaceful Pill eHandbook* allows users to Turn the Page with a swoosh or by the arrows at either side of the page.

Notepad

A notepad function is located in top menu bar, allowing users can make notes as you go. The notes are stored as yellow page icons at various places in the text.

Bookmarks

A bookmark feature can also be found in the top menu bar. This allows pages to be marked for future reference.

Index

The traditional Index has been replaced by a search box function in the top menu bar. This does away with the need for page numbers. When page numbers are quoted, they refer to the page counter at the center top of the digital display.

Magnification

If your eyesight is failing, you can click on the *eHandbook's* built-in magnifying glass that allows the user to zoom and reposition text on the screen with amazing customability. Or use your mouse or touchpad for the same effect.

Multimedia

Because this is an online *eBook*, by its nature users can enjoy a full multi-media experience via hyperlinks and videos.

Preface

Access for all Devices

The eHandbook can be accessed across all platforms, including PCs and Mac, laptops as well as Android tablets, iPads and iPhones. No special software is required.

Printing

The *eHandbook* can be printed page by page or as groups of pages using the Flash version.

As they now say in the world of online books -
READ IT, WATCH IT!

Cashback Offer

Purchasers of the print edition *Peaceful Pill Handbook* are entitled to a \$10 cashback should they elect to upgrade to a subscription to the online *Peaceful Pill eHandbook*.

Once a reader upgrades at www.peacefulpill.com, you are welcome to email Exit with proof of purchase and we will refund you \$10 by check.

1

Introduction

Developing an End of Life Plan

People make end of life plans for all sorts of reasons. Some people are concerned that one day they will become so sick and frail and their quality of life will become so impaired that death will become the preferred option. Others worry that because current generations are living longer than their parents' and grandparents' generations, they will have to face that new set of worries that come from longevity itself. Some elderly people are simply 'tired of life.'

The reasons that lead an elderly person or someone who is seriously ill to seek information about their end-of-life choices are many and varied. All are intensely personal. Rewriting the ways in which society can plan for and experience death and dying is the challenge of our time.

The development of an end of life plan is one small step that all of us can take to protect those we love from the ravages of the law. While most of us will never use our plan, we can all draw comfort in knowing that if things ever become too painful or undignified (especially in the context of serious illness and age), we will have a plan in place that will allow us to maintain our dignity and our independence.

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The Wonders of Modern Medicine

In any discussion of end of life issues the role of modern medicine is paramount. While no one can be critical of the huge advances in medical science over recent decades - improving beyond measure the length and quality of our lives – there is also a flip side. In contrast to previous generations, we are now far more likely to die of slower, debilitating conditions that are associated with old age and illness. Yet we are also more likely to be kept alive through an increasingly sophisticated array of medical technologies.

A longer life can be a wonderful thing, but should we be forced to live on, if we come to a point where we have simply had enough? Surely the act of balancing one's quality of life against the struggle of daily living in our later years or in illness, should be each individual to arbitrate.

Our Ageing Population

A century ago when life expectancy was approximately 25 years less than it is today, few people had the opportunity to reflect on how they might die. Then people were much more likely to die quickly with little warning. For example, one hundred years ago infectious disease was common. People considered themselves lucky if they were still alive in their mid 50s. The widespread introduction of public health measures such as sewerage, water reticulation, good housing, and of course the introduction of modern antibiotics have all played a part in greatly reducing the toll of infectious disease.

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In modern times, those living in the developed west have a life expectancy of 75 to 80 years. Now in industrialised countries, we will be more likely to experience diseases and disabilities that were rare in earlier times. While old age is not in itself predictive of serious physical illness, the gradual deterioration of one's body with age leads to an almost inevitable decline in a person's quality of life.

This is why we see the issue of control in dying as being an increasingly common concern for many elderly people. Exit's workshop program is often booked out months ahead as elderly folk seek answers to their practical questions about their end of life options. Although few who attend these workshops have any intention of dying in the near future, most see a need to organise and plan for this inevitable event.

Just as many of us plan for other aspects associated with dying (eg. we all write a will, appoint executors, and some of us prepay for funerals), so it is common sense to ensure that we have a plan about how we might wish to die. Yet to be in a position to plan for one's death, one must first know one's options. And that means information.

The Question of Suicide

Anyone who makes plans for their own death can be said to be planning their own suicide. While for some people suicide is a tainted concept, for a growing number of older people it is an issue of great interest and discussion. In this context, suicide is a way out of a life that an individual might consider is not worth living.

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People who come to Exit workshops are well aware of the importance of making that ultimate of decisions, the decision to die. They are all acutely aware of the need to get it right. In this Chapter, we examine the phenomenon of suicide in the context of the modern life course, and why access to the best in end of life information is so important.

A Brief History of Suicide

Over the years, the way in which society views the taking of one's own life has varied enormously. Suicide has not always been seen as the act of a sick and depressed person. In ancient Greece, Athenian magistrates kept a supply of poison for anyone who wanted to die. You just needed official permission. For the Stoics of ancient times, suicide was considered an appropriate response, if the problems of pain, grave illness or physical abnormalities became too great.

With the rise of Christianity, however, suicide came to be viewed as a sin (a violation of the sixth commandment). As Lisa Lieberman writes in her book *Leaving You*, all of a sudden 'the Roman ideal of heroic individualism' was replaced 'with a platonic concept of submission to divine authority'.

It was Christianity that changed society's view of suicide from the act of a responsible person, to an infringement upon the rights of God. One's death became a matter of God's will, not one's own and it was at this point that penalties were first established for those who attempted suicide. If the suicide was successful, it was the family of the offender who were punished with fines and social disgrace.

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With the emergence of modern medicine in the 19th Century, the meaning of suicide changed again and it is this understanding that prevails today. Suicide is now generally thought of as an illness. If a person wants to end their life, then they must be sick (psychiatric illness, with depression the usual diagnosis). The appropriate response, therefore, is medical treatment (in the form of psychiatric counselling and/or anti-depressant medications).

At Exit International, we question the view of suicide that automatically links a person's decision to die to depression and mental illness. Are we seriously postulating that the suicide bombers of the Middle East are depressed? Rather, the act of suicide must be seen as context dependent.

For example, a person who is very elderly and who is seeing friends die around them on a weekly basis and who must be wondering 'am I next?' is going to have a very different outlook on dying than the young person who has their whole life in front of them. Likewise, when serious illness is present. A person's attitude towards death must be understood in the context of that person's situation.

In Oregon, where physician-assisted suicide (PAS) is legal, symptoms of depression have been found in 20 per cent of patients who request PAS (Battle, 2003). A 1998 Australian study reported 15 per cent of men and 18 per cent of women who suicided had 'an associated or contributory diagnosis of a mental disorder' (ABS, 2000). At Exit we argue that feelings of sadness (as opposed to clinical depression) are a normal response to a diagnosis of a serious illness.

This is why some studies continue to find a sadness associated with a serious illness. You don't need to be a psychiatrist

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to understand that this might be a normal response to an extraordinary situation (Ryan, 1996). To assume that suicide amongst the elderly or people who are seriously ill is the result of depression or other psychiatric illness, is to adopt uncritically a biomedical way of seeing the world. We can do better.

Suicide & Depression

The link between suicide and depression remains a vexed issue with millions of dollars in government funding devoted to raising the community's awareness of suicide, especially amongst the young and some minority groups (eg. farmers). And there can be no doubt. People who suffer from clinical depression are clearly at risk of suicide. Severe depressive states can rob a person of the ability to make rational decisions and these people need care and treatment until they are once again able to resume control. Yet illness of this severity is not common and needs to be distinguished from a larger group of people who show occasional signs of depression but who are in full control of their actions.

There is a significant difference between a person having moments of feeling down or having a transitory feeling that their life has lost purpose and the person who has severe clinical depression, where even the most basic daily decisions of life become problematic.

This is quite different from an elderly or seriously ill person's desire to formulate an end of life plan; a plan whose sole aim is to maintain control over their final days. People who like to be prepared and who are not depressed should not be viewed in psychiatric terms.

End of Life Decisions & the Role of Palliative Care

Critics of Assisted Suicide often argue that if palliative care is available and of good enough standard, patients will never need ask for assistance to die. This is untrue, but to understand the claim, one needs to look at the background of the palliative care speciality.

Palliative care was the first branch of medicine to shift the focus away from 'cure at all costs' and to focus instead upon the treatment and management of symptoms (for people who have a life-threatening illness). In this sense, palliative care's aim has never been 'cure'. Rather, palliative medicine is about symptom control. It is about improving the quality of life of those who are seriously ill and dying.

To date, palliative care has been most successful in the treatment of pain. Indeed, it is often claimed - perhaps exaggeratedly - that palliative care can successfully address pain in 95 per cent of all cases. What is much less spoken about is the speciality's limited ability to alleviate some other common symptoms of serious disease; symptoms such as weakness, breathlessness or nausea. Or, quite simply to guarantee a good death.

No where can the shortcomings of palliative care be more obvious than in the tragic death in August 2008 of 31 year old writer, Angelique Flowers. At the age of 15 years, Angelique was diagnosed with painful Crohn's Disease. On 9 May 2008, shortly before her 31st birthday she was diagnosed with Stage 4 colon cancer.

As Angelique said, in one of the several videos she made in the weeks leading up to her death, there is no Stage 5. At Stage 4 and upon diagnosis, the cancer had already spread to her liver and

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Angelique Flowers at Oscar Wilde's grave at Pere Lachaise cemetery in Paris in 2006.

ovaries. Angie's doctors told her then, her days were numbered. They also told her that there would be very little they could do to ensure that her death was pain-free and dignified.

As history now tells Angelique's story, this courageous, clever, beautiful young woman died in the most difficult and unpleasant way. As a young palliative care patient she received the best that modern medicine can provide, and that money can buy. Despite some hiccups, Angelique's pain control was described as reasonable. What was not so good and what the law prevents medicine from addressing, was her death.

Angelique Flowers wanted control over her death. Because she knew her death could come fast and it was unlikely to be peaceful. As it happened, Angelique died vomiting up faecal matter after experiencing an acute bowel blockage. Just as her doctors had warned, her death was simply awful. They had told her that it could be shocking, and it was. Her brother Damian held her in his arms through this awful ordeal.

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This young woman had been terrified of this possibility which is why she put out a call for Nembutal, on the Internet. Successful at obtaining Nembutal, because of the law she kept the drug hidden at her parents' home. When the bowel blockage occurred, Angelique was in the hospice yet her Nembutal was at home. She lost her chance to take control.

Shortly before she died, Angie made a video diary. In it she pleaded with Australia's Prime Minister, Kevin Rudd, to once again, legalise voluntary euthanasia in Australia. Angelique's tragic story shows many things, including why a modern, civilised society needs the best palliative care and voluntary euthanasia/ assisted suicide. Her story is told in the feature documentary '35 Letters' which won the 2015 Sydney Film Festival.

See: <https://www.youtube.com/watch?v=5DqXGLwmJsc>

At Exit, we are frequently approached by people who tell us that their palliative care is the best. But, like Angelique, they still wish to be in control of their death. They say that while they might not be in pain right now, the quality of their life is nonetheless seriously affected by their illness. They know that there is often nothing that modern palliative medicine can do about it.

Some of these people are so weak that they cannot move unassisted. Others have shortness of breath which makes independent living impossible. For a significant number of people, it is non-medical issues that have most impact upon the quality of their life.

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One memorable case concerned a middle aged man called Bob. Bob was suffering from lung cancer. He was incredibly sad that his favourite past time - a round of golf with his mates - was no longer possible. This person was clear. It was his frustration at being house-bound and dependent on visits from friends and family, rather than the physical symptoms of the cancer, that made him choose an elective death.

Palliative care is not a universal panacea. While this branch of medicine does have a valuable contribution to make, especially in the field of pain control, it is unhelpful to use symptom management as the benchmark against which a person's quality of life is measured.

Rather, people rate their quality of life in different ways with no two individuals' assessment the same. While a life without pain is clearly better than a life with pain, this is not always the most important issue. Instead it is that person's own complex assessment of their life's worth that is the key. The physical symptoms of an illness are often only one of many considerations. Just ask Angelique.

The Tired of Life Phenomenon

In recent years, a new trend has begun to emerge; one that has caused Exit to rethink our approach to death and dying. Increasingly at our workshops, we meet elderly people who are fit and healthy (for their age), but for whom life has become increasingly burdensome. Such people are not depressed. Rather, the sentiment expressed is that 'I have lived enough of the good life and now it's time to go.' The actions of Australian couple, Sidney and Marjorie Croft, explain this phenomenon well.

Introduction

In 2002, the Crofts sent Exit International their suicide note explaining why they had decided to go together. Exit had no prior knowledge of the couple's plans. We knew only that they had attended several Exit workshops where they sat at the back, holding hands and asking questions.

The Crofts did not need to write this note yet they wanted us to understand. And in return they asked for our respect.

To Whom it May Concern

Please don't condemn us, or feel badly of us for what we have done.

We have thought clearly of this for a long time and it has taken a long time to get the drugs needed.

We are in our late 80s and 90 is on the horizon. At this stage, would it be wrong to expect no deterioration in our health? More importantly, would our mental state be bright and alert?

In 1974 we both lost our partners whom we loved very dearly. For two and a half years Marjorie became a recluse with her grief, and Sid became an alcoholic. We would not like to go through that traumatic experience again. Hence we decided we wanted to go together.

We have no children and no one to consider.

We have left instructions that we be cremated and that our ashes be mixed together. We feel that way, we will be together forever.

Please don't feel sad, or grieve for us. But feel glad in your heart as we do.

Sidney and Marjorie Croft

The Crofts are the private face of an increasingly common sentiment among a minority of older people; that is that a good life should be able to be brought to an end with a good death, when and if a person so wishes. To suggest, as many in the medical profession have done, that the Crofts were ‘depressed’ is to trivialise and patronise them for their actions.

Another person who evoked this ‘tired of life’ phenomenon was retired French academic, Lisette Nigot. In 2002, Lisette Nigot also took her own life, consuming lethal drugs she had stockpiled over the years. Lisette’s reason for dying? She said she did not want to turn 80.

Lisette Nigot insisted that she had led a good and full life. She said she had always known that she would not want to become ‘too old.’ ‘I do not take to old age very well’ she told film-maker Janine Hosking whose feature documentary *Mademoiselle and the Doctor* traced the last months of her life.

In late 2002, shortly before her 80th birthday, Lisette Nigot ended her life. Intelligent and lucid to the end, Lisette knew her own mind. A fiercely independent woman, it is not surprising that she expected control in her dying, just as she had in her own life. In *Mademoiselle and the Doctor* she explained:

‘I don’t like the deterioration of my body ... I don’t like not being able to do the things I used to be able to do ... and I don’t like the discrepancy there is between the mind which remains what it always was, and the body which is sort of physically deteriorating.

Perhaps my mind will go and I would hate that. And certainly my body will go and I wouldn’t be very happy with that either. So I might as well go while the going is good’.

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When details of the Croft's and Lisette Nigot's death were made public, many tried to medicalize their situations. An assortment of diseases and conditions were suggested as reasons for their decision to end their lives. Underpinning all of this was the belief that 'well' people do not take their own life.



Mademoiselle Lisette Nigot

At Exit we do not encourage anyone, sick or well, to take their own life. We do, however, believe that a decision to end one's life can be rational. Such a decision can occur just as much in the context of age as in the context of serious suffering and disease. This is why all elderly people should have access to reliable end of life information; information which is critical if mistakes are to be prevented.

Conclusion

If one is to suggest that the elderly and seriously ill have the right - for good and sound reasons - to end their lives earlier than nature would have it, then the provision of accurate, up-to-date information is an important first step.

People want to know how to end their lives peacefully, reliably and with dignity. Most people know that they may never use this information. All are comforted, however, in knowing that if things 'turn bad' as they put it, they have a plan in place. Remember, suicide is legal, yet assisting a suicide is illegal. This is why everyone should develop an end of life plan. An end of life plan will keep one's family and loved ones safe from the law. An end of life plan is the responsible thing to do.

Voluntary Euthanasia, Assisted Suicide, Suicide & the Law

In most western countries, suicide is legal, yet assisted suicide is a crime, attracting harsh legal penalties. While a person who takes their own life commits no crime, a person found guilty of assisting another can face a long jail term.

Think about it. The law makes it a crime for a person to assist another person to do something that is lawful. There is no other example of this in modern western legal systems. This is why any person who chooses to be involved in the death of another - however tangentially and for whatever reasons – needs to be very careful indeed. This is especially true when friends and family are involved and emotions may cloud one's judgement.

Legal Definitions & Penalties

Technically speaking, Voluntary Euthanasia is the term used to describe the situation when a medical professional might administer to a patient a lethal injection. Voluntary euthanasia is legal in countries such as the Netherlands, Belgium and Luxembourg.

By contrast, Physician Assisted Suicide (PAS) or Medical Aid in Dying (MAID) are the terms that describe when a medical professional prescribes, but does not administer, a lethal drug

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to a patient. The US states of Oregon, Washington, Vermont, California and Colorado (in case law in Montana), Canada and the Australian state of Victoria (from 2019) all permit PAS or MAID.

If we drop the descriptors and the term is simply ‘Assisted Suicide’ we are describing the situation in Switzerland where anyone can help someone else to die, as long as their motives are ‘not selfish’ (honourable).

Speaking more broadly, assisted suicide is legally defined as ‘advising,’ ‘counselling’ or ‘assisting’ a person to end their life. Sometimes the words ‘aid and abet’ are also used. In most countries assisting a suicide carries severe legal penalties.

The penalties generally range from 5 years to life imprisonment, depending upon the jurisdiction (eg. Australia). In Britain (and Canada) the penalty is up to 14 years. Following a successful campaign by MS sufferer Debbie Purdy to seek clarification of the law in the UK, in 2009, the Director of Public Prosecutions, Keir Starmer, issued clarifying guidelines.

See: <http://bit.ly/StarmerGuidelines>

In the US, the penalties for assisted suicide vary from state to state with assisting a suicide illegal in just over half of all states. Those where it is not ‘on the books’ treat the act in the same way as they treat murder or manslaughter!

In Michigan, the late Dr Jack Kevorkian was incarcerated for almost a decade for the euthanasia of his terminally ill patient, Thomas Youk. In March 1999, Kevorkian was convicted of second degree murder and sentenced to 10 to 25 years jail.

Falling Foul of Assisted Suicide Laws

A significant grey area continues to exist regarding assisted suicide laws, with courts and lawyers unable to give clear and concise answers. As a result, well-intentioned people fall foul of the law.

In 2015 for example, the Irish authorities prosecuted 43-year old Dublin woman, Gail O'Rorke, for attempting to buy her friend, MS sufferer Bernadette Forde, a one-way ticket to Switzerland (for an assisted death at Dignitas). The public prosecutor argued that this was an act of suicide assistance. Gail would be the first person ever to be charged with assisting a suicide in Ireland.

Fortunately, the jury in Dublin's Criminal Court disagreed with the prosecutor, and Gail was found 'not guilty'. However, the State had made its point. The authorities can be keen to prosecute those who seek to help others to die, regardless of how honourable their motives may be.



Gail O'Rorke with her book
Crime or Compassion?

The Peaceful Pill Handbook

Gail's trial was reported at:

<http://bit.ly/IrelandCalling>

<http://bit.ly/EvokeInterview>

<http://bit.ly/IrishNewsInterview>

Her acquittal was reported at:

See: <http://www.bbc.com/news/world-europe-32499331>

Gail O'Rorke has since written a book detailing her experience at the hands of the Irish criminal justice system, *Crime or Compassion? One woman's story of a loving friendship that knew no bounds* (Hatchett Books).

See: <http://bit.ly/CrimeorCompassion>

The Trial of Suzy Austen

A 2018 trial at the other end of the world (New Zealand) also examined the issue of assisted suicide but with a very different set of facts.

In February 2018, Exit's Wellington Coordinator, Suzy Austen, was tried in Wellington's High Court with assisting the suicide of fellow Exit member Annemarie Treadwell. Annemarie was 77 years old and suffered from increasingly painful arthritis. She had also suffered for over 20 years from depression (especially during winter). The jury ultimately found Suzy 'not guilty' of helping Annemarie to die.

Trials such as that of Gail O'Rorkle and Suzy Austen are relatively rare but are important because they create case law. So when they do come along, the take-home messages deserve

Suicide and the Law



Suzy Austen speaking outside court after the verdict

careful scrutiny. To this end, the authors took two weeks leave to attend Suzy Austen's 2-week trial. A summary of the lessons learned is below.

Note: Suzy was also charged (and found guilty) with importing Nembutal into NZ using a variety of methods and on several occasions. The outcome of these guilty verdicts (in regard to sentencing) will be known in May 2018 and will be covered in a future update.

By way of background, Suzy's trial came about, not because Annemarie Treadwell had died peacefully at home, but because an autopsy revealed she had drunk a lethal dose of Nembutal.

Annemarie looked serenely peaceful in bed when she was found by her daughter, Veronica, the morning after her death. Her apartment was neat. There were no drug packets left lying around. There was no sign of forced entry and so on. She was simply an elderly woman who looked like she had died peacefully in her sleep.

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The only problem was, Annemarie had left a diary. In this record of her life, Annemarie not only detailed her plans, she mentioned certain people by name. Furthermore, she mentioned the importance of not implicating them in her suicide. However, in stating as much, implicating them (and Suzy Austen in particular) is exactly what she did.

Lesson No 1 - Don't leave a diary

It was Annemarie's daughter, Veronica, who found her mother's diary in the bedside drawer. She then innocently handed it over to the Police. This would set in train a series of events that few could have foreseen. The authorities were tipped off and Suzy was in for a rocky ride as her emails and phone calls were intercepted and her home was bugged.

Unaware that she was now 'under surveillance' by the Police thanks to Annemarie's diary, Suzy Austen carried on her volunteer work with Exit: holding meetings and talking to members on the phone and by email. All the while Police were gathering evidence that they would later use in court against her.

What Suzy did not know - and perhaps what no one could have imagined - was that the Police had, in the interim, launched an undercover investigation called 'Operation Painter'. This covert operation achieved legend status when it mounted an alcohol check point - not to test for drink driving - but to harvest the names and addresses of the Exit members attending a Sunday lunch at Suzy Austen's home in October 2016.

See: <http://bit.ly/OpPainter>

The NZ Privacy Commissioner would later find that the check-point not only breached the privacy of the Exit members concerned, but the Police Independent Conduct Authority would find the check-point outright illegal.

See: <http://bit.ly/NZHeraldReport>

Suicide and the Law

Lesson No 2 - Only use encrypted email such as Protonmail. Open email is akin to a noticeboard. Its contents are there for general consumption. Email is not a confidential means of communication. Only encrypted email is private, but even then a provider may be subpoenaed to hand over your emails to a court. You never know.

Lesson No 3 - Your phone is definitely *not* the best means of communication if you are talking about legally sensitive issues. If you need to speak about something delicate, make a Skype-to-Skype call or use What's App on your phone as both services are encrypted.

Lesson No 4 - Sensitive conversation? Meet in person in a public place. In terms of having your house bugged, it is best to talk about sensitive issues at a local cafe or shopping mall. Somewhere that cannot be bugged (at least not easily).

Other actions undertaken by the Police in the run-up to Suzy being charged included Police visits - known as 'wellness checks' - to Exit members in the local area. It seems one's mere membership of Exit was enough to raise concern that Wellington was about to experience an elderly Jonestown-style mass suicide. A ridiculous idea if ever there were one. However, the consequences for those who were visited by the Police were significant.

For example, some of the Exit members who were visited by the Police for wellness checks were forced to hand over their private stash of Nembutal. Some people put up a fight. Some lost the battle and were compelled to part with their 'safety net for the future' that, in some cases, had been in their possession for more than a decade. The stress and anxiety that the Police wellness checks created are unfathomable.

Suicide and the Law

Lesson No 5 - If the Police come calling & don't have a warrant (or other legal grounds) to gain entry to your home, don't let them in. Stand your ground! You never know what they will find.

Turning our attention now to Suzy's movements. The NZ Police knew all about Suzy's planned trip to the UK to attend a wedding. And they knew that she was planning on bringing Nembutal back with her as a result of a stop-over in Hong Kong. Inspecting her luggage on her return to New Zealand was an obvious next step. There are some more important points worth noting here.

In order to catch Suzy 'red-handed' in importing Nembutal, the senior investigating officer in the Wellington Police flew to Auckland Airport to greet Suzy's plane (and luggage), unbeknownst to her. Working with three Customs officers, the officer searched Suzy and her husband Mike's luggage before it came out on the baggage carousel. Suzy said that she had wondered at the time why their bags took so long to appear, given they were flying 'priority' (when bags usually come off first). Now she knows. The authorities were busy behind the scenes, doing what is known in the trade as a 'covert' search.

On this occasion, the Police and Customs officers found no drugs in Suzy and Mike's luggage.

Lesson No 6 - If your bags come out last on the baggage claim at the airport, you can assume they have been searched and it might be time to ask questions about what could be going on.

The Arrest of the Decade?

Suzy's trial in Wellington's High Court made front page news throughout its 2-week duration. After all, it's not every day that Police resources are devoted so generously and so widely to a year-long sting operation of this nature. So how did it all happen?

Suzy Austen was arrested while sitting in her car in a suburban Wellington park. She was wearing rubber gloves and was intercepted when she was in the process of 'divvying-up' a pile of white Nembutal powder from China. Suzy's accomplice on the day was 86-year-old fellow Exit Member, Beverley Hurrelle.

Unlike Suzy, Bev would not be charged with drug offences. In court it was heard that the reason for Bev not being charged was her advanced age and 'some kind of dementia'. While Beverley has long suffered from macular degeneration and has significantly impaired sight as result, she remains as sharp as a tack.



Bev Hurrelle - waiting for Suzy Austen's Verdict

Suicide and the Law

The value judgements of the Police about Bev are nothing short of breathtaking. Perhaps they stemmed from the relative youth of the officers involved. After all, most of the Crown witnesses who appeared in court seemed not much over 30 years. Perhaps the officers of Operation Painter had other motives (ie. they took pity on poor 'blind' Bev). Regardless of their reasons, Police discretion is a powerful factor in how the criminal justice system operates. Nowhere is this more obvious than in Suzy Austen's experience.

Lesson No 7 - Play the age and dementia cards? You never know, you might get lucky like Bev Hurrelle.

Legal Lessons from Suzy's Trial

So what was it about Suzy's involvement with Annemarie Treadwell that led the jury to find her 'not guilty'?

In lay language, Suzy would need to have done something that she knew was going to enable Annemarie to suicide. And Suzy would have had to intended her action to be received in that way.

This would require an intimate knowledge of Annemarie's plans, including knowledge of the day, manner and circumstances of her suicide. And the jury would have needed to believe this chain of events 'beyond reasonable doubt'. As it was, the jury found that Suzy had indeed provided Annemarie with the Nembutal that she would eventually consume to die. What they seem to have doubt over was Suzy's degree of knowledge of Annemarie's actual plans.

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The one defence witness that was called was an expert academic in the area of palliative care, Professor Glynn Owens. In his written statement that was read to the court, the Professor told the court that access to end of life drugs can provide people with ‘peace of mind and lessen pain and suffering’. While he was speaking in the context of palliative care patients, the point is a good one.

For an elderly person, simply having Nembutal at home in the cupboard ‘just in case’ or as an ‘insurance policy for the future’ is a great comfort. And this is what Suzy Austen has always said of Annemarie. Any assistance she may have rendered was so that Annemarie felt back in control and was reassured.

Suzy never intended Annemarie to suicide. That decision was for Annemarie and no one else. Suzy’s ‘not guilty’ verdict in this trial is important but it does not mean that everyone who gives another person Nembutal, will also be found not guilty of assisting their suicide. There are many other factors that can come in to play. The jury verdict in Suzy’s case provides authority on how assisted suicide is legally defined. However, this should be no substitute for caution and common sense.

The Need for Law Reform

Over the years, legislation has attempted to bring clarity and order to the Assisted Suicide debate. By defining the class of person who can be helped to die and by stipulating the manner in which this help can be provided, laws aim to provide guidance via their uniformity and equity.

Suicide and the Law

To make use of a right to die law, for example, a person must generally be ‘terminally ill’, or at least have ‘unrelievable suffering’. That is, the person must satisfy strict criteria. Once these conditions, are satisfied, generally speaking the person can request lawful assistance from a doctor to die.

Laws in countries such as the Netherlands for example, define exactly which group of people can have help to die. Eligibility is incredibly tightly controlled.

However, even where end of life laws work well, there is one significant drawback. The very strict set of conditions means that the process of establishing eligibility is demanding and can be humiliating to those involved.

In Australia in 1996, a terminally ill person had to obtain two medical opinions, a palliative care review and a psychiatric consultation before they could qualify to use *The Rights of the Terminally Ill Act*. In practice, this meant that some very sick people had to beg the medical profession if they wanted to qualify to use the law to die.

In the course of Philip Nitschke’s involvement with this law, it quickly became apparent that none of his four patients would have used the law had they had a ‘Peaceful Pill’ at home in the cupboard.

Why would you subject themselves to a compulsory psychiatric examination, if you already had the means to a peaceful, dignified death? You would simply wait till the time was right and then take the Pill from your locked cupboard at home. The

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very laws that are supposed to empower sick people can do the exact opposite, denying an individual control when it counts most.

Besides, there are some people who will simply never qualify medically for an assisted suicide. Frailty from old age and a feeling that one's life is now 'completed' is quite different to having terminal cancer. Unless the law stipulates the criteria of 'completed life' or 'tired of life' as it is also called, there can be no assistance (Switzerland excluded).

Finally, while some people may wish to involve the medical profession in their deaths, many others do not. Our point at Exit is that death need not be a medical event. Based on past experience, it is doubtful whether the medical profession is best placed to be given the role of arbiter at all: why should doctors (and not the people themselves) decide who gets the right to die with dignity, and who does not?

(An extensive discussion of Exit's philosophy of death and dying can be found in *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Penguin, 2005).

See: <http://bit.ly/1eVogzs>

Conclusion

There is a #TimesUp moment happening as far as the medical model of death and dying is concerned which needs to be reflected in the way end of life laws are conceived and implemented. It is not good enough that only the terminally ill can 'die with dignity'. A good death is a human right. The challenge for the law is to reflect this.

This is especially the case if well-intentioned and kind people are to avoid finding themselves the lead actors in legal nightmares.

Criminal trials are always stressful and expensive occasions for all involved. The state can spend ridiculous amounts of money making a point. The person who is charged can be bankrupted defending themselves. The implementation of law (by merciless prosecutors) make the courtroom an unforgiving beast.

With legal reform moving at snail's pace, the here and now demands extreme caution when it comes to planning for one's end of life. The risk of negative legal consequences for those left behind cannot be overstated.

3

What is a Peaceful Pill?

Introduction

The Peaceful Pill is a pill or drink that provides a peaceful, pain-free death at a time of a person's individual choosing; a pill that is orally ingested and available to 'most' people.

Dr Philip Nitschke

It was the late Dutch Supreme Court Judge Huib Drion who first called for the introduction of a Pill. In an opinion editorial in the prominent Dutch newspaper, *NRC/Handelsblad*, Drion openly bemoaned the fact that while his doctor friends knew what to do and how to access the right drugs for a peaceful death, as a lawyer he did not.

Drion questioned the logic of why he, a retired judge, should not have the same ready access to a dignified death as his doctor friends. According to Drion, all people over a certain age should have the right to die at a time of their choosing. A pill, he argued, would confer this right.



Fig 3.1: Professor Huib Drion

What is a “Peaceful Pill”

Elderly and ailing people often realize that, at some time in the future, they could well find themselves in an unacceptable and unbearable situation, one that is worsening. A pill to end life at one’s own discretion could alleviate some of their anxiety. Not a pill for now, but for the unforeseeable future so that the end can be humane (Huib Drion, Dijkers cited in Nitschke and Stewart, 2005)

Following Drion, Exit research has confirmed that a Peaceful Pill provides peace of mind for its seriously ill or elderly owner, giving that person a sense of control over their life and death. Unlike end of life laws that depend solely upon a person’s state of health (or illness), Drion’s ‘universal model’ has only one criteria, that of age.

Drion suggested that *all* people over the age of 65 years should have access to a Pill. While the age is arguable, the point remains the same. The ‘Drion Pill’ or ‘Peaceful Pill’ should be accessible to the seriously ill *as well as* the elderly.

The History of the Suicide Pill

The idea of a Peaceful Pill – that is, a lethal substance or liquid that can be orally ingested – is not new. In Athenian times, the herb Hemlock was the drug of choice for suicide and it was taken as a drink. The most famous Hemlock suicide was that of the Greek critical scholar, Socrates.

In more modern times, the chemical compound Cyanide has been widely employed as a suicide pill. One well known death from Cyanide was that of Spanish quadriplegic Ramon Sampedro.

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In 1998, Sampedro ended his life by drinking cyanide that had been provided and prepared by his friends. The award-winning 2004 film *The Sea Inside* provides a remarkable account of his life and death.

For much of the 20th Century, cyanide was routinely issued to intelligence agents as part of their job. Hitler's head man in the SS and the Gestapo, Heinrich Himmler, escaped interrogation upon arrest by the British, by swallowing a capsule of cyanide.

Hermann Goering, head of the Luftwaffe, avoided the hangman by taking potassium cyanide the night before the planned execution. Where the purpose is to avoid interrogation and torture, speed of action is essential and cyanide fitted the bill.

The Best Peaceful Pill

Half a century on and it is pentobarbital (Nembutal) that is favoured as an ideal Peaceful Pill. Nembutal is a member of the barbiturate family of drugs that are made from the salts of barbituric acid. These active barbiturate salts have been used medically for many years, mainly as sedatives or sleeping tablets.

In the 1950s, for example, there were more than 20 marketed forms of barbiturate sleeping tablets. Early examples included Veronal, Amytal, Seconal, Soneryl, and, of course, Nembutal. Fifty years ago, Nembutal was a widely prescribed drug, recommended even to help babies sleep, and to calm aching teeth.

What is a 'Peaceful Pill'?

Over the last 30 years the barbiturates have slowly disappeared from the market. The fact that in overdose they caused death, either accidentally or deliberately, and the availability of newer, safer sleeping drugs has led to their decline. Nembutal was removed from most countries' prescribing schedules in the late 1990s.

Perceived Benefits of a Peaceful Pill

While there are any number of ways by which a seriously ill person can end their life, few of these methods meet our criteria of:

- reliable
- peaceful
- dignified.

In most western countries, hanging and gun shot remain the most common methods of suicide.

Yet few people would choose such means if they had any real choice. Most seriously ill or elderly people who are considering death, seek a method that is peaceful, dignified and pain free. Most commonly, this is expressed as, 'I simply want to go to sleep and die in my sleep.'

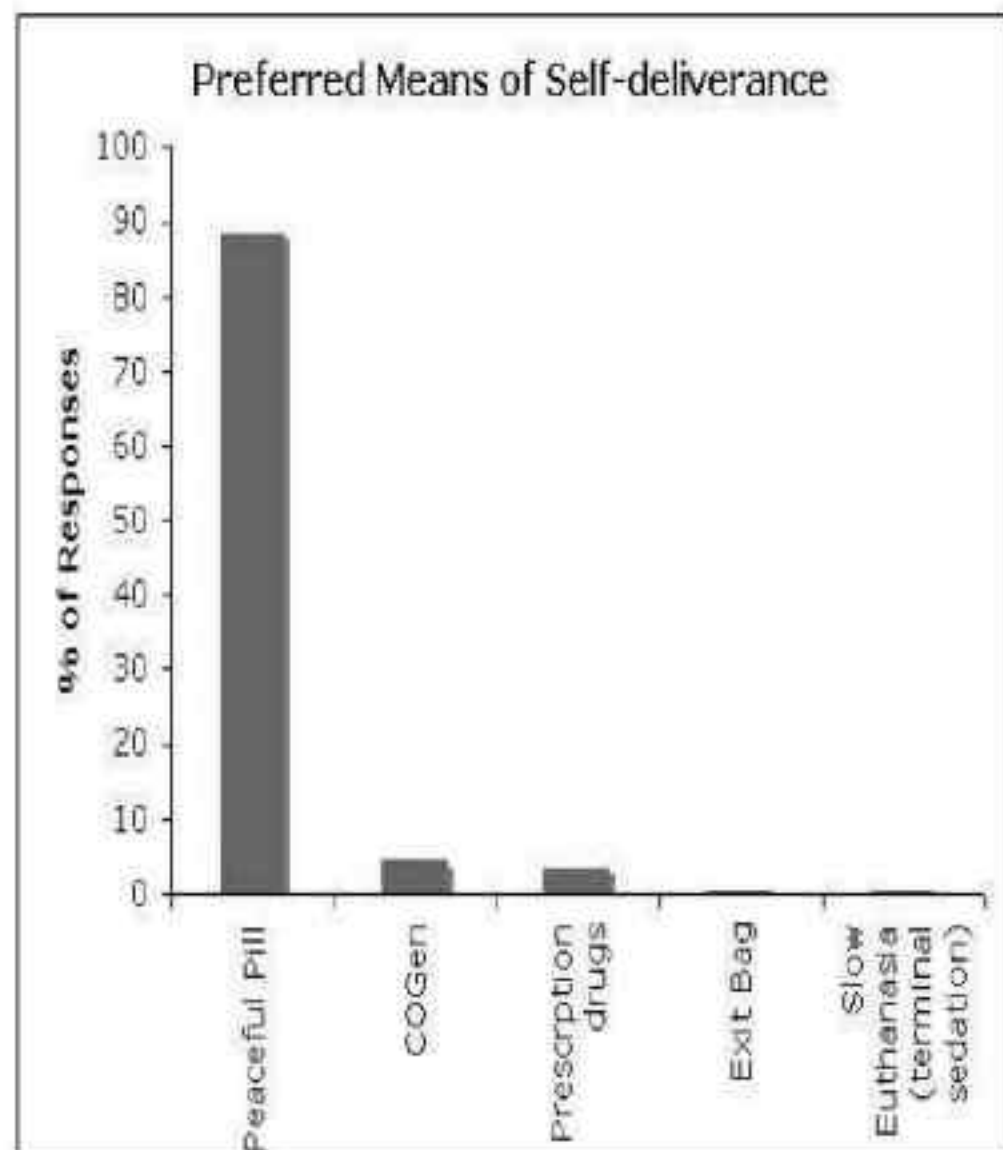


Fig 3.2: Survey of Exit Members
Methods of Self Deliverance

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In 2004, Exit International undertook a major study of our supporters' attitudes to various methods of dignified dying (n=1163). What we found was a strong and significant preference for a Pill over all other methods. Indeed, 89% of respondents (average age 72 years) said that they would prefer to take a Pill than use a plastic Exit bag, a carbon monoxide generator (COGenie) or seek help from a doctor to provide them with 'slow euthanasia.'

A 'Pill' was defined as something that could be taken as a single oral dose (by mouth) in either tablet form or as a small drink.

The reasons behind the respondents' preferences became clear as more of the data set was examined. Most of those surveyed saw the Peaceful Pill as an important way of providing independence (91%). It was seen as an advantage if one did not have to depend on friends and family for assistance when the time came.

A Peaceful Pill was also seen to provide 'peace of mind' (90%), was reliable (88%) and, unlike the Exit Bag or the Carbon Monoxide Generator, the Pill was easy-to-administer (87%) since it required no equipment and no technical know-how.

In this way, the Peaceful Pill was seen as a method that was accessible and usable, even by the most frail.

What is a 'Peaceful Pill'?

Conclusion

Exit's survey revealed a strong preference for a reliable and effective Peaceful Pill.

This was seen as the best means of providing the option of a peaceful death at the time of one's choosing.

The remainder of this book focuses on the various forms a Peaceful Pill might take.

In providing this information we are following the agenda set by long-standing members of Exit International.

4

The Exit RP Test

Many end of life options are discussed in this book and it can be a daunting project trying to distinguish or compare the relative advantages or shortcomings of one over the other. To simplify the process, we have developed a simple rating system that can be applied to all end of life methods. We call this the Reliability & Peacefulness Test – the ‘Exit RP Test’.

Primary Criteria

The ‘Exit RP Test’ provides a benchmark against which all end of life options can be considered. The values addressed by the test came to Exit’s attention through specific research on the notion of a Peaceful Pill and also through personal accounts and anecdotes over the past decade. This feedback continues to identify two principal factors in people’s preferences for end of life methods. These factors are ‘Reliability’ and ‘Peacefulness.’

In the RP Test, Reliability and Peacefulness are each given a score of 1 to 10. The higher the number, the more reliable and peaceful the method in question. For example, Nembutal achieves a high overall score, hanging a very low score.

Reliability (R - 10)

Reliability has been consistently identified as a major important factor in assessing end of life methods. A seriously ill person wanting to end their life needs to know the method *will* work. No one wants to take chances with a method that *might* work. Reliability is essential.

Peacefulness (P - 10)

Peacefulness is the second major criteria identified by Exit. There is almost no interest in methods that are violent, irrespective of how reliable they might be.

The most commonly expressed wish by seriously ill and elderly people is that they be able to die in their sleep.

Secondary Criteria

There are a number of lesser, but nevertheless highly-desired, characteristics for a method of dying. Six additional secondary factors are listed below:

Availability (A)

Preparation and Administration (Pr)

Undetectability (U)

Speed of Effect (Sp)

Safety to Others (Sa)

Storage - Shelf Life (St)

In the RP test, a score of 1-5 is given for each of these secondary characteristics.

The Exit RP Test

Availability (A - 5)

To be of any use the method must be available. The most peaceful and reliable drug is of no use if it is unavailable.

Preparation and Administration (Pr - 5)

Simplicity of preparation and administration is an important factor. No one wants to use complicated equipment that is difficult to assemble or drugs that are hard to use.

Undetectability (U - 5)

Methods that leave no obvious trace are strongly preferred. In reality, this might mean that an attending physician will be more likely to assume that the death has been caused by a known underlying disease. In this situation, the question of suicide does not arise.

Speed of Effect (Sp - 5)

Speed of death is a further significant factor. Speed limits the likelihood of discovery and any possible interference (resuscitation).

Safety to Others (Sa - 5)

Most seriously ill people do not want to die alone. Methods that present a danger to others are unpopular for this reason.

Storage - Shelf life (St - 5)

There is a strong preference for methods that use substances, drugs or items that do not deteriorate with time. This means the person should be able to assemble the required items or obtain

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the required drugs in advance, and not have to worry about linking the possible timing of one's passing to the acquisition of the items. All of the methods described in this book have been given an Exit RP Test score. The maximum possible is 50 points, the higher the score the 'better' the method. Some criteria will vary of course depending on an individual's particular circumstances. *The RP Test rating should only ever be used as a general guide.*

Take the example of the Exit Bag when used in conjunction with Helium (see Chapter 5).

Test Factor	Score
Reliability: This is good, but technique is important	R=8/10
Peacefulness: There is some short term awareness and alarm	P=7/10
Availability: Necessary items are readily available	A=5/5
Preparation: Items require assembly and coordination	Pr=1/5
Undetectability: If items removed, totally undetectable, even in the event of an autopsy	U=5/5
Speed: Unconsciousness and death occur quickly	Sp=5/5
Safety: The method presents no risk to others present	Sa=5/5

The Exit RP Test

Storage:

Equipment does not deteriorate and testing readily available

St=5/5 is

Total for Helium and an Exit Bag

41 (82%)

Now compare the RP Test result for the Exit Bag + Helium with the Use of Sodium Cyanide (see Chapter 7).

Test Factor

Score

Reliability: This is very high

R=10/10

Peacefulness: Patchy reports, hard to assess

P=5/10

Availability: Difficult to obtain or manufacture

A=2/5

Preparation: This is straightforward

Pr=5/5

Undetectability: Some clinical changes may be noted, certainly noted on autopsy

U=3/5

Speed: Produces a rapid death

Sp=5/5

Safety: There may be some slight risk to those present from possible HCN gas production

Sa=3/5

Storage: Well packaged, shelf life indefinite

St=5/5

Total for Sodium Cyanide

38 (76%)

A Note of Caution

The RP Test score serves only as a guide. Individual circumstances and preferences will always influence a person's decision. There are people for whom a plastic Exit bag over their head will never be a viable option, no matter how peaceful and reliable the method.

This may be because of an individual's particular aesthetic concern and have nothing to do with the method's high reliability physiologically. Nevertheless, *if* this is a real concern, the method will not be considered, irrespective of the high RP Test score.

Similarly, the 'availability' of a particular method can differ from individual to individual. The comparison above suggests that helium would be preferred above cyanide.

However, if an individual has recently become so disabled through illness that the use of an Exit Bag is physically impossible, and yet that same person has access to cyanide powder, the final choice will clearly not be determined by the highest RP Test score.

See the Table towards the end of the *eHandbook* which provides the overall RP Test scores for the six approaches described in this book.

Hypoxic Death & the Exit Bag

- The Hypoxic Death
- Role of Carbon Dioxide
- Hyperventilating to minimise the Alarm Response
- Aesthetic & other considerations
- A Peaceful Death using Inert Gas
- Optimal Gas Flow Rate
- Gas Source (Nitrogen or Helium)
- Max Dog Nitrogen in the USA
- Testing Gas Purity
- The Exit Bag
- Connecting the cylinder to the Exit Bag
- The Procedure
- After a death
- Using Spirometry to screen those with lung disease
- Using liquid nitrogen for a peaceful death - The Sarco
- Frequently Asked Questions
- The RP Test for inert gas
- Pink Supplement: Max Dog Nitrogen Method (in pictures)

Introduction

The plastic Exit Bag provides people with the means to obtain a simple, effective, peaceful and entirely lawful death. While Exit research has found that relatively few people would *prefer* to use a Plastic Bag over the simple ingestion of a Peaceful Pill, it remains one of the most accessible methods available.

There is much misinformation, however, about how a plastic Exit Bag works and why it is so effective. The common assumption is that the bag causes death by ‘suffocation.’ This is not the case.

Hypoxic Death & the Exit Bag

Suffocation occurs when a person cannot easily take a breath. Examples of suffocation include tying a rope around the neck, or pushing a pillow into one's face. The act of mechanically blocking one's breathing is *terrifying*, and people will struggle with the last of their strength to clear the obstruction.

When used properly, the plastic Exit Bag brings about a peaceful death; there is no obstruction. The death comes from (freely) breathing in an atmosphere where there is no oxygen (*hypoxia*). With an Exit Bag, a person breathes easily and peacefully; and the bag expands and contracts with each breath. The bag is not next to, or touching the face or mouth. This is in stark contrast to suffocation. This is why it is important *not to confuse* a peaceful hypoxic death that is possible when an Exit bag is used properly, with the grim death that results from an obstruction to the airways.

And this is why we should be wary of media reports that reinforce this confusion. For example, when referring in 2001 to the importation of Canadian Exit bags, Rupert Murdoch's News Limited (*The Australian* newspaper) reported these bags as 'reminiscent of the Khmer Rouge's shopping bag executions of Cambodia's killing fields.' Such reports show a total lack of understanding of the process and have damaged the image of the Exit Bag.

The Hypoxic Death

Hypoxia is a term meaning 'low oxygen'. A death that results from inhaling insufficient oxygen is a hypoxic death. While there are several ways that this might occur, the common method used by those seeking a peaceful death is to suddenly immerse oneself in a non-oxygen environment.

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The simplest way to achieve this is by filling a plastic bag with an inert gas and then to quickly place this bag over one's head. To understand why the plastic Exit bag provides an easy and reliable way to die, a basic understanding of human physiology is helpful.

In normal everyday life, we live in an atmosphere that is 21% oxygen. Interestingly, when there is a decline in the level of oxygen in the air we are breathing, we do not experience alarm or concern. As long as one can breathe easily, the sensation one experiences as the oxygen level drops is that of disorientation, confusion, lack of coordination and eventual loss of consciousness.

This experience is sometimes likened to being drunk (alcohol intoxication). When the oxygen level becomes too low, death will result. Accidental hypoxic deaths are not uncommon and there is a number of scenarios that can bring them about. One example is the sudden drop in oxygen level that occurs when an aeroplane depressurizes at high altitude. This can lead to a rapid loss of consciousness and the death of all those on board.

When the plane de-pressurizes, passengers still breath easily. The problem is that there will be little oxygen in the inhaled air. This lack of oxygen will cause a sudden drop in the dissolved oxygen in the blood reaching the brain. This will lead to loss of consciousness and death.

It is not uncommon for planes that have suddenly de-pressurized to travel on autopilot until they run out of fuel, well after everyone aboard has died. Witnesses (from planes sent to investigate) say that it often appears as though everyone on board has just gone to sleep.

Pneumonia is a more common cause of a hypoxic death. Its peaceful reputation has led to its common description as the ‘old person’s friend’. While the air inhaled may contain the full 21% of oxygen, the inflammation of the lungs (caused by the pneumonic infection) makes it impossible for the necessary oxygen to be extracted. The blood reaching the brain will have less oxygen than that required for life, and a peaceful death often results.

The presence of an inert gas like Nitrogen or Helium in the Exit Bag will dramatically speed the hypoxic process. When a person exhales fully, pulls down the Exit bag that is pre-filled with Nitrogen and then takes a deep breath, the person’s lungs will be filled with a gas in which there is very little oxygen.



Fig : 400 litre ‘Max Dog’
Nitrogen cylinder

Hypoxic Death & the Exit Bag

This means that blood passing the lungs on the way to the brain will find no oxygen available. When blood with a low oxygen level reaches the brain, consciousness is rapidly lost within one or two breaths. It is the lack of oxygen in the inhaled gas that causes death (not the gas itself).

For the process to work, it is important that the air in the lungs (with 21% Oxygen) is quickly and fully replaced with the inert gas. For hypoxia to occur, the person empties their lungs of air (big breath out). They then replace this with a deep full inhalation of a gas such as nitrogen (which contains 0% oxygen). With good lung function (and practice) this can be achieved with a single exhale/ inhale cycle. A problem associated with using this method, however, is that lung disease (or poor technique) can prevent a full exchange of gas. If a person has lung disease and is concerned about the use of this method, it is advised that they undergo a test to measure their lung function (spirometry). A lung function test gives an indication of whether this strategy is appropriate for them. (See the section on spirometry screening, later in his Chapter.)

It is important to note that the inert gas, itself, does not interact with the body. Nitrogen, argon or helium all have no taste or smell. All quickly dissipate after death. While helium can be detected at autopsy, there is no test that can reveal the use of a nitrogen-filled Exit bag. This makes nitrogen particularly useful for those who don't wish their cause of death to be established. (Of course, this presupposes that the equipment will be removed before the body is 'discovered'. In some jurisdictions this will be an offence so check your local laws if you think this is a strategy of interest).

The Role of Carbon Dioxide (CO₂)

In normal respiration, the human body uses oxygen and produces carbon dioxide as waste. Carbon dioxide is removed from the body when we exhale. While the human body is relatively insensitive to falling levels of oxygen, it is *very* sensitive to any rise in the level of carbon dioxide.

When the body detects an increase of carbon dioxide, a warning message from the brain alerts us. The person will be roused and reacts by gasping and experiences “air hunger”. If the person is using a plastic Exit bag, any rise in the level of carbon dioxide within the bag may result in the person pulling the bag from their head in panic. This reaction is known as a Hypercapnic (high carbon dioxide) Alarm Response.

Hyperventilating to Minimise the Alarm Response

To minimise the chance of experiencing panic and air hunger, it is recommended that before pulling down the bag, one spends a short time (1-2 mins) hyperventilating, ie inhaling and exhaling air into the lungs fully at an increased frequency. Put simply, deep breaths in and out quickly. This hyperventilating has the effect of pre-lowering the CO₂ level in the blood, and greatly reduces any likelihood of an alarm response when the bag is pulled down.

Aesthetic and Other Concerns

The image of a bag tied tightly around one's neck has turned many off the plastic Exit Bag approach. Even at Exit International workshops, it is common for those in the audience to voice their disgust at the Exit Bag, saying 'I don't like the thought of being found like that.' Retired French academic, Lisette Nigot, spoke openly of her dislike for the method. In the film, *Mademoiselle and the Doctor* (discussed earlier), Lisette likened the plastic Exit Bag to being 'wrapped like a piece of ham.' For many readers, the main concern will be one of aesthetics. Despite such concerns, if used correctly, the Exit Bag provides a simple, reliable and peaceful end of life option.

A Peaceful Death using Inert Gas

Whereas once it was advocated that an Exit bag could be used with sleeping pills, this approach is now firmly discarded. The best method of using an Exit Bag, by far, involves the use of an inert gas such as Nitrogen, Helium or Argon.

The use of an inert gas is advocated because of its ability to create a space that is devoid of oxygen. It is the space created by the inflated bag that makes a peaceful death from hypoxia (lack of oxygen) possible. A person using an Exit Bag will only have the bag over their head for a matter of seconds until unconsciousness occurs. With prior hyperventilation and a steady flow of inert gas to flush away any exhaled CO₂, there is no risk of a person reacting badly.

Let us explain. The flow of gas into the Exit Bag displaces residual or exhaled oxygen. A person does not need to wait for the residual oxygen inside the bag to be used. Rather, by allowing a steady flow of the inert gas into the bag, there will

Hypoxic Death & the Exit Bag

be no oxygen from the first instant. The flow of the inert gas into the bag has the second purpose of flushing away any exhaled carbon dioxide. As it is the build-up of carbon dioxide that panic reaction, this risk is also eliminated.

Note: To recap, there is *nothing* special about the inert gas used in terms of whether it is Nitrogen, Helium, Argon or others. Indeed, any gas that does not react with the body and that is odorless and available in a compressed form, would be suitable. Most often the choice is determined by what is available.

Most compressed gases are only available in high pressure cylinders which are leased from commercial gas supply companies (such as BOC or Air Liquide). The drawback with accessing a compressed gas in this way is the paper trail that it generates. There is no anonymity. An additional deterrent is that the commercial compressed gas cylinders are often large, heavy and difficult to transport. Suspicion might arise if an elderly or very sick person is seen leasing a cylinder from their local gas outlet. There is an added complication in that if a friend were to collect the cylinder for them, this other person may become legally implicated in assisting in the suicide. These issues are disincentives to using commercial, high-pressure, compressed inert gas cylinders.

An exception to the above, is the advent of home brew beer supply companies that have started to market light-weight, portable, high pressure Nitrogen cylinders that can be purchased outright. One such company is Max Dog Brewing (owned by the first author who is also a keen home brewer and craft beer aficionado). Max Dog cylinders are made of steel or aluminium (depending on the country of purchase) and come complete with a custom flow regulator. Their shelf life is indefinite and they can be refilled if required.

Low pressure disposable cylinders of Helium and Argon are also available and can be used effectively with the Exit Bag. It is the availability of inert gases in easy-to-acquire, purchase-outright, take-home cylinders that has seen the Exit Bag strategy of renewed interest. In places such as North America, Europe, Australia and New Zealand, Helium is a second gas available in disposable take-home cylinders. Known as ‘Balloon Time’ kits, these cylinders are used to fill balloons with helium so that they float up to the ceiling for birthday parties and so on (Fig shows a range of available sizes).

The Optimal Gas Flow Rate

A peaceful hypoxic death with an inert gas and an Exit Bag, depends upon an optimal gas flow. The optimal flow will be sufficient to flush away exhaled carbon dioxide so that the gas does not accumulate within the bag. An optimal gas flow will also prevent the bag from becoming uncomfortable, yet is slow enough so that the flow continues for > 20 minutes.

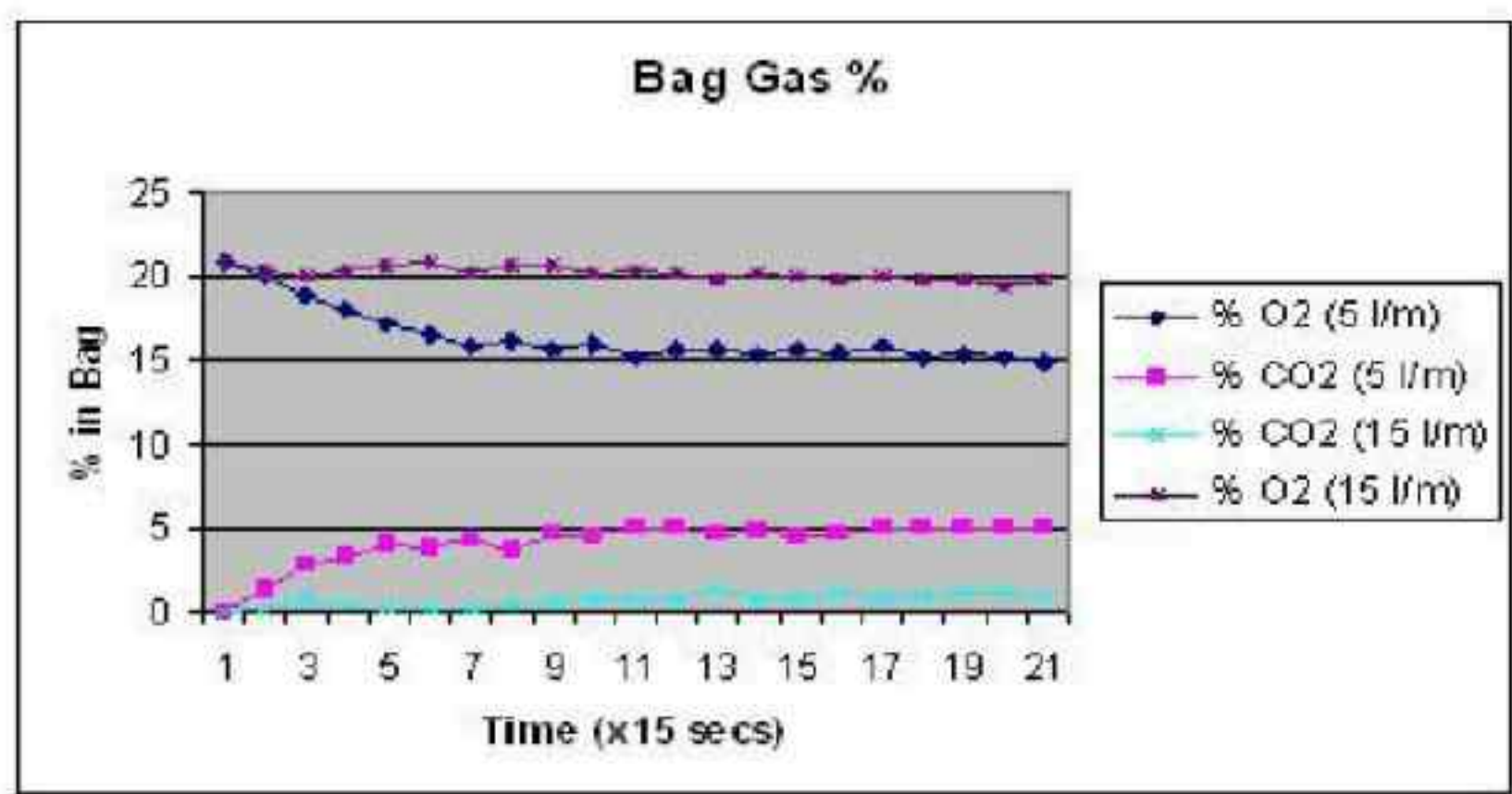


Fig: Exit Bag CO₂ & O₂ concentration lvels for the first 5 minutes

Hypoxic Death & the Exit Bag

To determine the optimal flow, Exit has carried out experiments where different flow rates of air were admitted to a bag over a test subject's head. The level of carbon dioxide within the bag was monitored using an RKI sampling gas detector.

The results for an 80 kg male taken over a 5 minute period for two gas flow rates (5 & 15 liters/ min) are shown in Fig.

For 15 liters/ min gas flow the level of carbon dioxide in the bag does not rise appreciably over the 5 minute period. With the low flow rate, the level of carbon dioxide approached 5%. This was enough to make the subject uncomfortable and alarmed. A flow rate of ~15 liters/ min was seen as optimal.

NOTE: This test using air supplied to an Exit Bag over estimates the gas flow needed to remove the carbon dioxide.. Where the gas supply to the bag has no oxygen, dioxide production will be less and a gas flow < 15 liter/minute will suffice..

For Max Dog Nitrogen cylinders, the click-flow regulator can be set to 15 liters/ min. The gas will flow at this rate until the cylinder's contents are exhausted (~400/15 or ~25 minutes, more than enough for a reliable and peaceful death).

For Balloon Time (or other similarly branded) cylinders which do not ship with suitable flow control regulators, it is difficult to control the flow of gas. The nylon tap provided with the cylinder is not designed to allow a slow, consistent gas flow rate. For use with an Exit bag, Exit recommends that the nylon fitting be discarded and replaced with a custom brass jet flow control fitting.

Exit manufacture of these fittings was discontinued in 2018 as helium use declined in favour of nitrogen as the preferred inert gas to end life. For details: <contact@exiinternational.net>

The Gas Source (Nitrogen or Helium)

1. Nitrogen & the Max Dog Brewing Delivery System

Nitrogen is a very common gas, making up ~ 80% of the air we breath. The gas is cheap, in no danger of running out, and readily available. Nitrogen is not restricted and no questions are asked about why one would want a source of this gas. Indeed, home brewers use the gas in beer dispensing systems, when they want to achieve the fine bubbles and a creamy head similar to Guinness stout (Nitrogen is used to aerate Guinness stout).

Since 2012, cylinders filled with nitrogen have been available from Max Dog Brewing. These high pressure cylinders contain ~400 liters of nitrogen, and can be refilled.

Regulating the Flow of Nitrogen

Max Dog Brewing nitrogen cylinders ship with a custom flow control regulator (see Fig). These regulators incorporate a pressure gauge which indicates the pressure in the cylinder. They use a click setting to adjust the flow rate. The optimum flow rate for a peaceful death (15 liters/ min). The delivery hose that takes the nitrogen from the cylinder to the Exit Bag fits directly on to the regulator outlet.



Fig: Max Dog Nitrogen flow regulator with pressure gauge to indicate if the cylinder is full and the click-flow setting (shown set to 15 litres/min)

Hypoxic Death & the Exit Bag

The Max Dog Brewing Beer Nitrogen System

Max Dog is an international retailer of Nitrogen based in Cairns, Australia. The Max Dog Brewing beer nitrogen system varies slightly between country but generally consists of a 2.8 litre alloy or steel cylinder filled to a pressure of 135 bar (2000 psi) (See Fig).



The cylinders weigh ~3 Kg (~7 lb) and full they contain 400 liters of nitrogen. A full cylinder will provide 25 minutes of constant gas flow into the Exit bag, if the gas is delivered at the optimum 15 liters/ min. This is more than enough for a peaceful death. For details see Fig, or visit:

<http://www.maxdogbrewing.com>

One useful aspect of the MDB nitrogen system is the fact that the cylinders can be topped up if there is leakage of nitrogen over time, or completely refilled (unlike disposable Helium and Argon cylinders). Note: To determine if a cylinder is full, the pressure should be measured. The regulator provided incorporates the pressure gauge required.

Max Dog in the USA

In the US, MDB provides a unique American Kit consisting of an adjustable flow, soft-nose regulator, pressure gauge and connecting hose. They are fitted with to US standard CGA 580

Full steel cylinders containing 500 liters of nitrogen (0916-0145) can be ordered separately and can be delivered to your door from CyberWeld (Fig).

See: <http://store.cyberweld.com/shielgascyl22.html>



Fig:
1. Australian Max Dog Brewing cylinder
2. American CyberWeld Nitrogen cylinder
3. German Gase-Dopp Stickstoff cylinder



Hypoxic Death & the Exit Bag

Maxx Hund Stickstoff in Germany (and other EU countries)

In Germany, MDB provides a unique EU Kit consisting of an adjustable flow, regulator, pressure gauge and connecting hose. The regulator comes with the appropriate German DIN 477 fitting and convenient full steel cylinders can be mail ordered from Gase-Dopp and delivered anywhere in Europe.

Note: The German cylinder weighs 4.8 Kgm full, and has gas at a higher pressure (200 Bar/ 2900 psi), so the 2 litre cylinder contains 400 litre of compressed nitrogen/ Stickstoff which gives a flow time of ~30 minutes (at the optimum 15 liters/ minute). The Maxx Hund regulator accommodates the higher pressure.

<http://shop.gase-dopp.de/Stickstoff-28-2-Liter-Flasche-neu-gefüllt>

Max Dog Nitrogen in the UK

While Gase-Dopp will deliver into the UK, an alternative is Adams Gas in Margate who will deliver full 2 liter cylinders of nitrogen to UK addresses.

<http://www.adamsgas.co.uk/product-category/nitrogen/>

Another source is Hobbyweld, but note the smallest cylinder offered is 9 liters - much bigger than required, and the cylinders need to be picked up from one of their distributors

<https://www.hobbyweld.co.uk/products/nitrogen/>

UK cylinders have the BS 341 No. 3 fitting which is compatible with the Max Dog (UK) regulator kit

2. Helium

Balloon Time kits from Worthington in Ohio have long been available around the world as a cheap, disposable source of Helium gas for party balloons. There have been two sizes: small (250 liters) and large (420 liters).

In Nth America, Balloon Time canisters are available from Amazon. <http://amzn.to/1350XZi>

In Australia and New Zealand, Balloon Time cylinders have been available at Spotlight stores.

In the UK, Balloon Time (and its equivalents) have been available on websites such as Argos and Tesco's.

See: <http://bit.ly/1dkq8B9> or <http://bit.ly/1FB9KZb>

These kits are designed to provide an instant system to fill helium party balloons. Most cylinders ship with a packet of party balloons (30 or 50 depending upon the size cylinder) and ribbon tie. The kits are purchased outright, leaving no paper trail



Fig Balloon Time Disposable Helium Cylinders
Large size (420 litres)

Hypoxic Death & the Exit Bag

Gas Purity

For a peaceful and quick hypoxic death, it is essential that there be no oxygen in the gas being breathed. It is the sudden reduction in oxygen level (from the 21% in air) to effectively 0% within the confines of the Exit bag, that results in the immediate loss of consciousness (LOC) and subsequent death. If the supplied gas (nitrogen or helium) has any oxygen present the method may fail.

Authorities have argued that as an anti-suicide safety precaution, helium gas marketed for inflating party balloons should be mixed with oxygen. This mixed gas could still enable balloons to float, but be useless as a hypoxic death gas source.

In April 2015, the largest manufacturer of disposable helium cylinders, Worthingtons, announced that their disposable helium cylinders may now contain up to 20% air (ie. up to 4% oxygen). This gas should NOT BE USED by those wishing to end their lives by hypoxia.

NOTE: Since the common uses of compressed nitrogen (eg brewing, food preservation) depend on an absence of oxygen, the issue of gas adulteration does not arise.

Testing gas purity

1. Obtain an accurate oxygen sensor eg the Detector CY-12C Oxygen Analyzer, cost ~US\$100 - click [HERE](#) (see Fig 5.8)
2. Calibrate the sensor by setting the gauge to 21% in air
3. Attach the flow regulator jet to the gas cylinder and connect the hose to run a steady flow (eg 1 litre/ min) of gas into the filtered input of the gauge. (See Fig).
4. Let the gas flow until a steady reading is obtained on the most sensitive gauge setting.

The [O₂] reading should be < 2% if the gas is to be used.

At the end of the test, check the cylinder pressure to ensure that there is still an adequate supply left for a hypoxic death.

NOTE: The issue of oxygen contamination does not affect Max Dog Brewing Nitrogen cylinders because they contain 100% nitrogen.

Fig: Meter used to detect oxygen contamination



Hypoxic Death & the Exit Bag

Gas Flow Control

No matter which inert gas is used, a flow rate of ~ 15 l/min is needed to prevent the accumulation of CO₂ in the Exit Bag. Suggested methods to controlling the gas flow include:

- For high pressure cylinders of nitrogen (Max Dog or equivalent) or helium, regulation is essential. Flow regulators are provided with the Max Dog system or can be purchased from gas providers. The Max Dog regulator gives the pressure of nitrogen in the cylinder, and allows the output flow rate to be set at 15 liters/ min. Using this regulator, flow rate is constant throughout the hypoxic death.
- For 'Balloon Time' and similar helium cylinders at pressures of 1.7 MPa, Exit suggests the use of a gas flow control fitting designed for this purpose

Note: Exit discontinued manufacture of these fittings in 2018, but construction details are available on application to Exit <contact@exitinternational.net>



Fig: Exit Helium flow control fitting (discontinued 2018)

Ensuring a Cylinder is Full

When using a cylinder of compressed gas, it is important to establish that there is sufficient gas available for a peaceful hypoxic death. For compressed gas in cylinders, the easiest way of ensuring this is to measure the pressure. This is particularly important for cylinders that have been kept in storage for long periods.

If using the Max Dog Brewing nitrogen system, the pressure will be shown by the gauge on the regulator supplied. To measure the pressure, turn the regulator flow rate to 0 liters/min and open the cylinder to read the pressure. This should be ~12 MPa (1750 psi) (see Fig).

For Balloon Time and similar helium cylinders, the Exit pressure gauge that fits the flow control makes testing the pressure simple. A full cylinder should have a pressure of ~ 1.7 MPa (250 psi). Some of these cylinders have been found to have faulty taps and to be near empty on purchase, so take care!



Fig Pressure gauge used to check if gas cylinder is full

Hypoxic Death & the Exit Bag

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Fig:

(a) Checking the pressure of a full Max Dog nitrogen cylinder. Flow 0 l/min, Pressure 13MPa

(b) Helium cylinder with pressure gauge attached to flow control assembly. Full pressure 250psi or 1.7MPa

The Exit Bag

The Exit plastic bag is the bag which is filled with the inert gas. The bag is designed to enable simple filling with no contamination with oxygen, providing a straight forward way for one to suddenly immerse oneself in inert gas.

1. Making an Exit Bag

While different people make slightly different bags, the standard Exit Bag involves a plastic bag of:

- a reasonable size
- a suitable soft plastic
- a neck band of elastic that allows the bag to make a snug, but not tight, fit around a person's neck

The method used by Nurse Betty is shown in the video on the previous page. A second method is shown in the tab above. Either way, a reliable and effective bag can be assembled in a few minutes. The components are:

- Plastic bag - PVC 35cm x 50cm x 50 micron PVC is a good size. Or a large polyester 'oven bag' see 'A & B'
- 1 metre of 10 mm wide elastic, 'D'
- 1 toggle (or other fastener) to adjust elastic length
- 1 roll of 20mm sticky tape 'C' (Micropore or equivalent)
- 1 small roll of ~ 35 mm plastic duct tape
- Pair of sharp scissors

Hypoxic Death & the Exit Bag

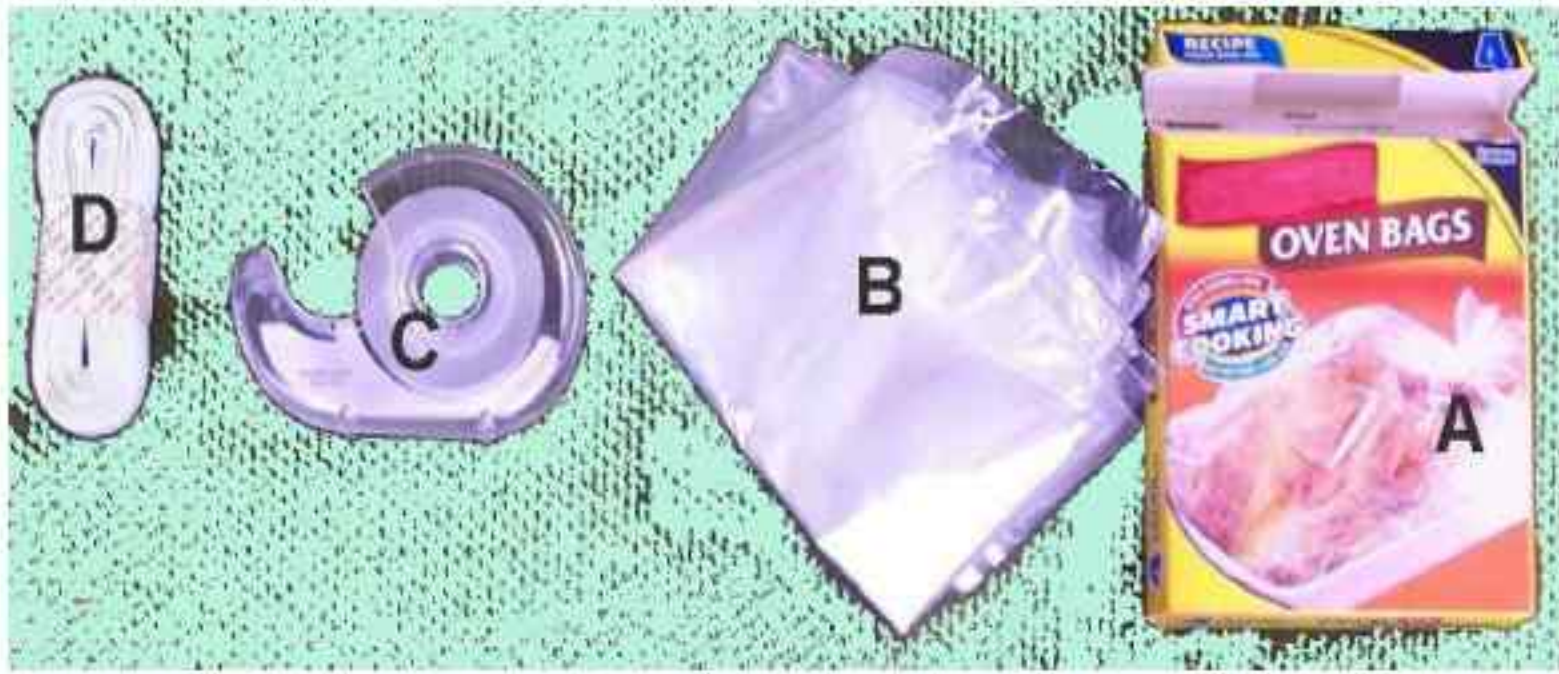


Fig: Items used to construct an Exit Bag

Construction (See Fig & *Do it with Betty* video)

1. Lay the bag out on a flat surface and folded back ~ 25mm (1") around the open end (A-B)
2. Make a 25mm cut in the folded plastic
3. Lay the elastic (C) inside the fold and have the two ends exit through this cut
4. Tape completely along the folded edge of the plastic with the sticky tape
5. Place a cut in a ~ 60mm piece of duct tape and fold this over the exiting elastic to strengthen this part of the bag
6. Thread a small wire tie through two cuts in another piece (~50mm) of duct tape and stick this to the inside of the bag ~ 15cm up from the elastic (E). This can be used to secure the plastic helium hose inside the bag.
7. The toggle (D) (or other fastener) is then threaded onto the two ends of the elastic to complete the bag (Fig)

Hypoxic Death & the Exit Bag

To download detailed instructions on making your Exit Bag
[Click HERE](#)

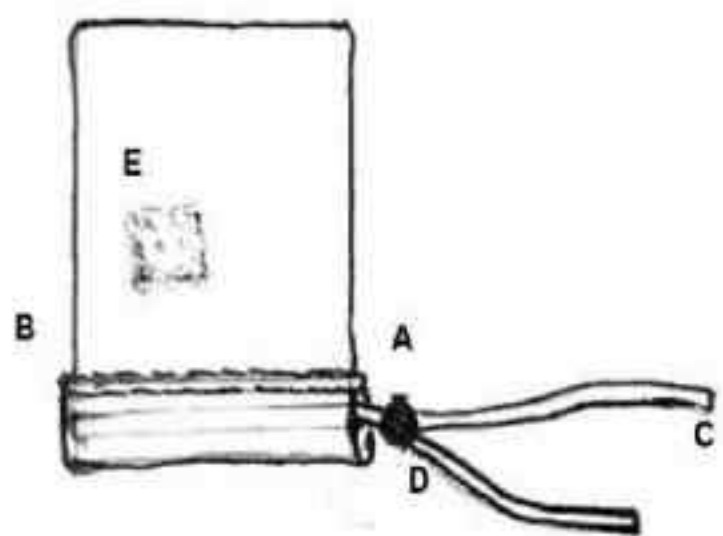


Fig: Exit Bag Manufacture

Fig: The completed Exit Bag



Fig: Positioning, inflating & Using the Exit Bag with Nitrogen

Hypoxic Death & the Exit Bag

After the Death - The Affect of Inert Gas on the Body

The use of an inert gas with an Exit Bag produces *no* changes in the body that can be seen or found on initial inspection. However, in 2007 forensic laboratory tests were developed to establish the presence of gases like Helium, Argon and Neon in the lungs of the deceased.

In 2009, the first report of the use of these tests to determine the cause of death of an Exit member was noted. Such testing at autopsy is becoming more common. Helium and Argon can both be detected showing the death is not 'natural'.

If, however, Nitrogen is used for a hypoxic death, and if the Exit bag and tube is removed, autopsy findings will be recorded as 'inconclusive'. The Exit Bag with nitrogen is the only totally undetectable method of a peaceful and dignified death, even when sophisticated testing at autopsy is carried out. However, in some jurisdictions, the taking-away of the equipment may constitute an offence such as 'interfering with a corpse' or 'interfering with the circumstances of a death.' Caution and legal advice should be sought before acting in this regard.

The use of Lung Function Screening (Spirometry) for those with respiratory disease

For a peaceful death one must be able to fully exhale and inhale. This allows the rapid exchange of the air in the lungs with the gas in the bag. Some respiratory disease can make this difficult or impossible. The question is, when is lung disease so severe that an alternative method should be used.

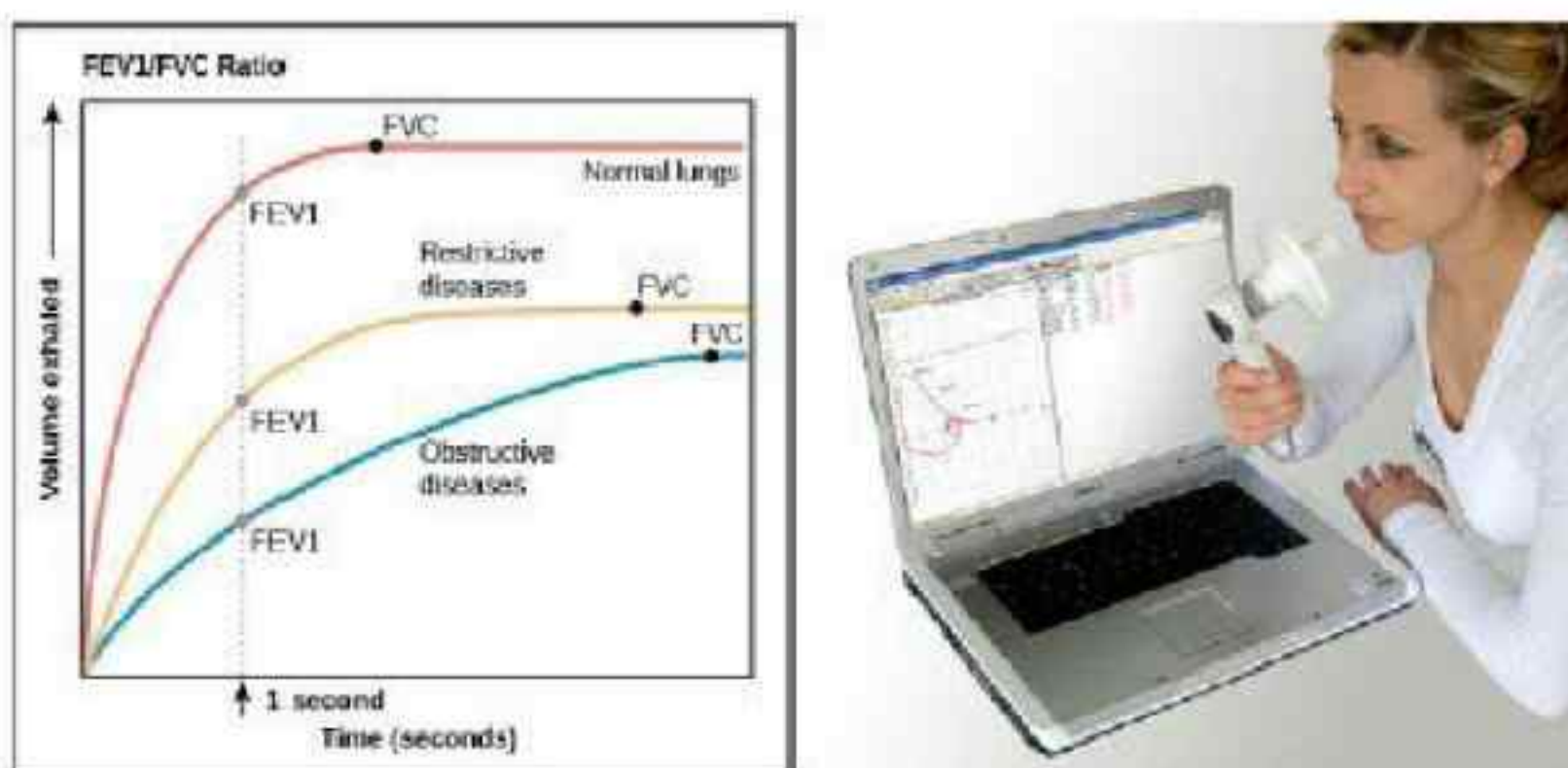


Fig: Spirometry to assess lung function before using an Exit Bag

Lung disease is usually broken into two main classifications: 'Restrictive' disease where there is difficulty filling the lungs with air, and 'Obstructive' disease where there is difficulty emptying the lungs. Emphysema, bronchitis and asthma are all examples of obstructive respiratory disease. Pulmonary fibrosis, sarcoid, or conditions such as scoliosis or obesity or diseases such as motor neurone disease can all cause a restrictive pattern.

For the hypoxic method to work well and bring about a quick, and reliable death, you need to be able to fully exhale (leaving little residual air in the lungs ie not have significant obstructive disease), then fully inhale filling the lungs with nitrogen (ie not have significant restrictive disease). Spirometry offers a quick effective screening test to ensure the suitability of the method.

Hypoxic Death & the Exit Bag

The test involves inhaling fully, then fully exhaling hard and fast through the mouthpiece while the machine measures the volume and rate of gas flow. The spirometer then compares results with those expected for a normal person of the same weight, sex and height.

The presence of significant restrictive OR obstructive respiratory disease will reduce the chance of a quick loss of consciousness and peaceful death.

The result is that the lungs now have significant residual oxygen and there is not the sudden drop in the oxygen level in the blood travelling to the brain that causes the rapid loss of consciousness. If one persists, taking more breaths of pure nitrogen from the bag, the residual oxygen in the lungs will eventually drop and cause loss of consciousness, but this can take some time, and can lead to anxiety, panic and failure.

To eliminate the possibility of such failure, ask your doctor for a spirometry test to measure your lung function. If the measurements differ significantly from normal this method of obtaining a peaceful death is not the most suitable for you.

Note: Some restrictive lung disease can be improved significantly with the use of certain drugs. The best example is asthma, where the inhalation of salbutamol (ventolon) prior to the test can sometimes restore values to near normal. If this is the case, the hypoxic method need not be abandoned, but salbutamol should be used immediately before inhaling the nitrogen to die.

Using liquid nitrogen for a peaceful death - *The Sarco*

Concept

The concept of a capsule that could produce a rapid decrease in oxygen level, and maintain a low CO₂ level, the conditions for a peaceful, even euphoric death, led to Sarco development. The elegant design was to create a sense of circumstance, of travel to a 'new destination', and dispel the 'yuk' factor, the common revulsion associated with plastic bag use.

The other design consideration was to devise a system that requires no specialised skills or involvement. No sourcing of difficult to obtain drugs, and no need for medical involvement eg with the insertion of an intravenous cannula. Activation and the achievement of a reliable and peaceful death can also be carried out by those with significant disability. Activation by eye movement or voice control is possible. The goal is to simplify DIY suicide, removing the need for any assistance, and thus making the use of Sarco a legal process even in jurisdictions where suicide 'assistance' is a crime.



Hypoxic Death & the Exit Bag

Using liquid nitrogen (LN2)

To fill a volume much larger than a plastic bag quickly enough to induce a rapid loss of consciousness, compressed gas was not an option. Too bulky, and on rapid release needed, far too noisy. Liquid nitrogen offers a very effective alternative. The Sarco uses just over 4 litres of LN2 and on activation silently drops the capsule oxygen level to less than 5% in under a minute. Loss of consciousness on deep inspiration and death within a few minutes.

The base and capsule are in two parts. The capsule is biodegradable and can be used as a coffin. The base containing the liquid nitrogen evaporator can be reused.

Access to the Sarco requires the successful completion of an on-line medical capacity test (still in development). This provides a four digit access code valid for 24 hours. On entry, activation is by touch screen with a positive response to: If you wish to die, press this button. A fracture panel is provided in the canopy for any last minute reversal of decision.

Manufacture & Distribution

To facilitate distribution, Sarco is designed to be 3D printed. At present only a 1:7 (accurate) 3D printed model exists. A full scale working model is under construction. This will be used for display, and testing programming for the 3D printed version in 2018. The Sarco will be made open source and placed on the internet. Costs will be in 3D printing only, and obtaining the LN2.



Sarco Launch

Sarco was launched in Toronto, Oct 2017 by Philip Nitschke and design engineer Alex Bannink at the Exit NuTech Conference ‘*New Technologies for a Peaceful DIY Death*’.

See: <https://youtu.be/DqcmueHrTmw>



Frequently Asked Questions

Confusing notation when describing gas cylinders

The size of a compressed gas cylinder is sometimes its physical volume (ie how much water would it hold if filled), and sometimes the volume of compressed gas it can hold.

Typical cylinders of nitrogen for a peaceful death are small (2 liter) and hold ~400 liters of gas at pressure. These are sometimes referred to as *either* 2 liter *or* 400 liter cylinders!

Pressures units used are Bar (bar) or Megapascal (MPa) or psi (pounds/square inch): 1 bar = 0.1 MPa = 14 psi

Hypoxic Death & the Exit Bag



Is it necessary to have more than one cylinder to ensure sufficient gas is available?

No. Using the Max Dog nitrogen system, the flow control regulator ensures that a full cylinder will provide gas at 15 litres/min for >20 min - more than enough for a peaceful death.

Using a Balloon Time helium cylinder or similar and the Exit flow control fitting, even the smaller (250 litre) cylinder will provide sufficient gas for enough time (Fig 5.2). However, if the tube is to be connected directly to the Balloon Time cylinder with no gas flow regulation (other than the cylinder on/off tap), multiple cylinders should be employed.

Can a face-mask be used instead of the Exit Bag?

Common, inexpensive face masks are often used to deliver oxygen to patients. They are usually held in place by elastic which covers the nose and mouth with oxygen delivered through a plastic tube attached to the base of the mask. There is no attempt to seal the mask and face. Masks that seal preventing entry of external air are more complex, difficult to fit, and prone to leakage (eg a seal is difficult with a beard). CPAP devices used for sleep apnea are of this type.

The Exit Bag produces rapid loss of consciousness by ensuring that NO oxygen is inhaled. To achieve this using a mask a perfect seal would need to be maintained till death. Even with a well fitting sealing mask this is difficult, as the muscles and contours of the face change as consciousness is lost. Attempting a hypoxic death using a sealing mask is risky and NOT recommended.

THE RP TEST SCORE – Hypoxia with Nitrogen

Reliability (R = 8/10)

The method is reliable but technique is important and a degree of coordination and dexterity is required

Peacefulness (P = 7/10)

Considered “peaceful” partly because the loss of consciousness comes quickly.

Availability (A = 4/5)

All components are available

Preparation (Pr = 2/5)

Care needed with assembly and “setting up” of equipment

Undetectability (U = 5/5)

If all equipment is removed detection is rare. If Nitrogen is the gas used the method is totally undetectable.

Speed (Sp = 5/5)

Loss of consciousness comes quickly

Safety (Sa = 5/5)

The method presents no danger to others

Storage (St = 5/5)

Components do not deteriorate with time. Pressure testing can readily establish that the cylinder is full

Total RP Score 41/50 (82%)

Hypoxic Death & the Exit Bag

THE RP TEST SCORE – Hypoxia with Nitrogen

Criteria	Score
<i>Reliability</i>	<i>8/10</i>
<i>Peacefulness</i>	<i>7/10</i>
<i>Availability</i>	<i>4/5</i>
<i>Preparation</i>	<i>2/5</i>
<i>Undetectability</i>	<i>5/5</i>
<i>Speed</i>	<i>5/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>5/5</i>
Total	<i>41 (82%)</i>

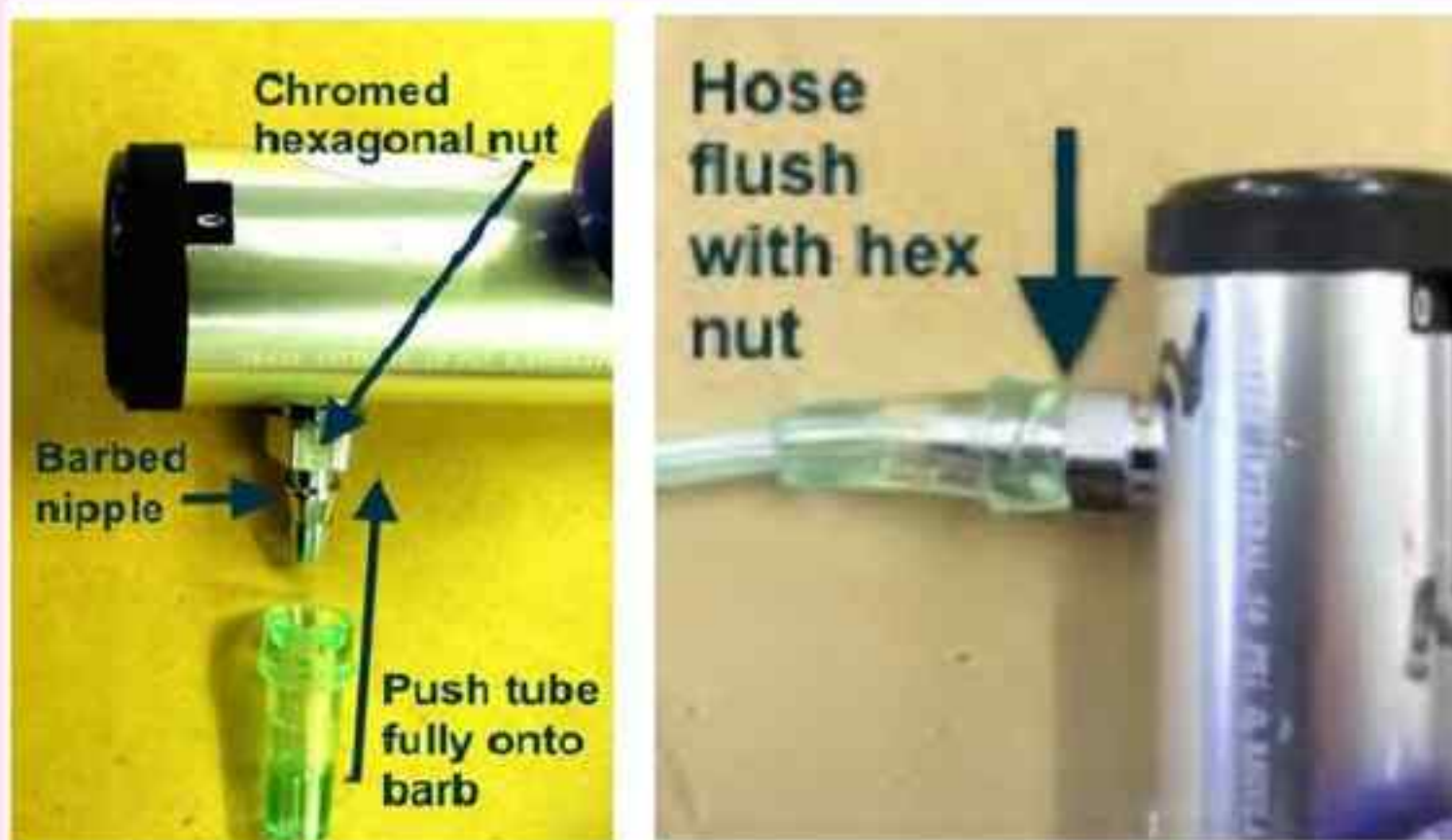
Nitrogen Method Summary Supplement



Fig 5.17: MaxDog gas regulator (with plastic dust cap)

Preparation of the Regulator and Tubing

Identify the regulator. The regulator may have a plastic dust cap over the right hand end of the brass fitting. A black click setting with numbers from zero to 25 at the other end sets the gas flow rate (in litres/ sec). Rotate the black knob until it shows 15. This is the required gas flow. During storage, the black knob should be set to zero. (see fig 5.17)



Connecting the hose

Take the oxygen tube (provided in Max Dog kits outside Australia). Note, this is called an 'oxygen tube' but it is perfect also for use with Nitrogen.

Hypoxic Death & the Exit Bag

Dip one of the ends of the tube into a cup of very hot water. When pliable, shake off the water and push the end on to the barbed nipple of the regulator (see fig 5.18)

Make sure that the end of the tube is pushed all the way on to the barbed nipple so that the end of the plastic fitting is flush with the chrome hexagonal nut.

Test to ensure that the tube is attached securely by pulling on it – it should be virtually impossible to pull it off the barbed nipple. If you have any doubts about the secureness of the hose, or are unable to attach it properly, then remove it. Repeat the heating of the end and push it on to the barbed nipple again, this time more securely.

An alternative gas connection can be made using 1.5m of clear Boston PVC food grade tubing 6mm ($\frac{1}{4}$ inch). This can be bought from a local plumbing supplies store.

An alternative connection system involves using a small hose clamp. This can be placed over the tube and tightened to ensure that it cannot be dislodged. (fig 5.19).

Note – ensure that it is impossible to pull the hose off the barbed nipple on the regulator.



Fig 5.19: 6mm PVC tubing attached to MaxDog gas regulator

Connecting the Exit Bag to the Cylinder

There are a few first steps before the Exit Bag can be connected to the cylinder. Firstly, the oxygen tube should be taped to the inside of the Exit Bag. This can be done with ‘Micropore’ tape or ‘Leukoflex’ tape show in fig 5.20. Both tapes grip well but are also easily removed for repositioning. The recommended width of the tape is one inch (~2.5cm).



Fig 5.20: Adhesive tape to attach tube to Exit bag

Insert the end of the tube into the open end of the bag. Push the tube up inside the bag to the end. Using the tape, place a number of strips over the tube to hold it in position



Fig 5.21: Taping gas hose to inside of Exit Bag

(see fig 5.21). It is easiest to do this with both hands working inside the bag. Ensure the tape is placed over the tube at regular intervals, right up to the tube’s open end. This will require approximately eight pieces of tape.

Tape the hose to the inside of the mouth of the bag, close to its open end. Use two pieces of tape to fasten the hose at the bag mouth to ensure it will not dislodge.

Hypoxic Death & the Exit Bag

Ensure the Cylinder is Vertical

It is preferable for the Nitrogen cylinder to be vertical for use. An effective way to ensure that the cylinder is stable and vertical is to secure it to a solid object. The cylinder could be strapped/ taped to a chair or table leg. See fig 5.22



Fig 5.22:Positionin the nitrogen cylinder

An alternative is to place the cylinder in a market cart (above centre). In order to ensure the cylinder does not flop around inside the trolley, pillows or cushions could be stuffed into the market cart as padding.

Another alternative is to strap the cylinder to a workshop trolley (above left). The uprights of the trolley provide good support. Like the soft canvas market trolley both are moveable which may be convenient in some circumstances.

Attaching the Regulator to the Gas Cylinder

In some countries the cylinder ships with a dust cap. Remove the dust cap from the cylinder. (See fig 5.23, right)



Now look at the regulator. Inspect the small black rubber 'O'-ring on the regulator for any damage. If damaged the 'O' ring should be replaced (see fig 5.24a).



To connect the regulator to the cylinder, slide the brass end of the regulator into the outlet on the cylinder (see fig 5.24b). Note this image is looking down on the vertical gas cylinder.



To fasten the regulator to the cylinder, slide the large brass hexagonal nut onto the threaded part of the gas cylinder outlet (see fig 5.24c).



Hold the regulator firmly with one hand and hand-tighten by screwing the hexagonal nut onto the cylinder thread. You do not need a wrench or other tool to fasten the regulator to the cylinder.



If you cannot fasten the regulator tightly to the cylinder by hand, you can use a wrench but do not over-tighten.

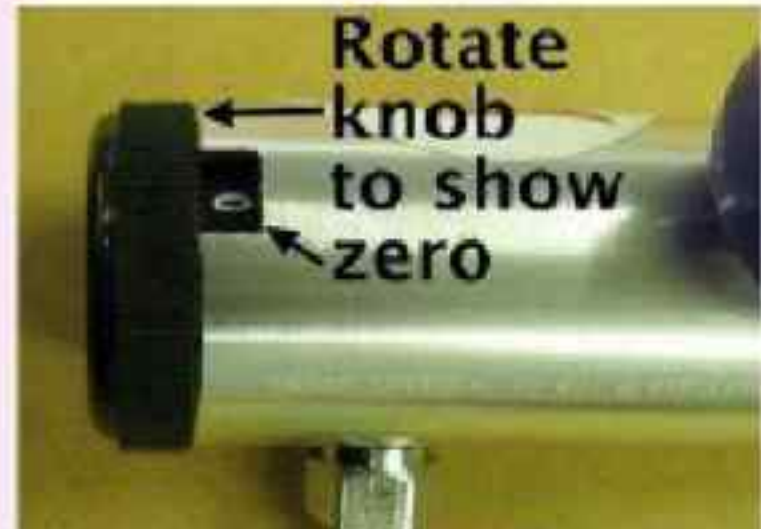
Fig 5.24 Attaching the regulator to the cylinder:

The regulator should not be loose or easily rotatable on its axis. To change the angle of the display of the screen on the regulator, loosen the hexagonal nut, then rotate the regulator. Complete this process by re-tightening the hexagonal nut (see fig 5.24d).

Hypoxic Death & the Exit Bag

Turning on the Gas & Checking for Leaks

1. Set the flow control on the regulator to zero.
2. Turn on the tap on the top of the cylinder. The tap turns anti-clockwise. Turn it for 3 or 4 turns.
3. The pressure in the cylinder will show on the regulator gauge. If the cylinder is full, it will be in the green zone.
4. Listen for the sound of any gas leaking and watch the pressure gauge. If there is a leak, the pressure gauge will fall.
5. If the pressure falls, turn the tap fully off in a clockwise direction, and tighten the regulator, if the leak persists replace the 'O' ring.



Checking gas pressure

Checking Gas Cylinder Pressure

Max Dog Nitrogen Cylinders vary slightly between country, but they are generally filled to a pressure 13.7 MPa (2000 psi) and contain ~400 litre (20 cuft) of compressed nitrogen. This provides a reliable flow of gas for around 25 minutes at a flow rate of 15 litres/min. This is more than enough for a peaceful, reliable hypoxic death.

To test the pressure of the cylinder, set the regulator flow setting to zero, then turn on the cylinder tap. The needle on the regulator pressure gauge should move from zero to around 2000 psi. This indicates the cylinder is full (see fig 5.25c).

If the pressure gauge points to the left of the green zone of 2000psi (or is in the red zone indicating zero pressure), the cylinder will need refilling (see fig 5.25d).

Preparing for a Peaceful, Hypoxic Death

There are some diseases that make a hypoxic death using an Exit Bag and an inert gas such as Nitrogen or Helium unsuitable (see section on Lung Function using Spirometry). Remember, this method is very technique dependent. Being able to breath fully out (exhale) is a key component of this technique.

1. Make sure the gas cylinder is stable and ensure that it will not roll over.
2. Ensure the tube will not be dislodged if it is pulled after the person becomes unconscious.
3. The optimum position for a hypoxic death is to be reclining comfortably in an armchair, supported by pillows if necessary. Do not lie down. Finally, ensure that the bag will not be dislodged when consciousness is lost.

Hypoxic Death & the Exit Bag

Things to Remember

Remember, there is nothing poisonous about a gas such as Helium or Nitrogen. The effectiveness of this method comes from the fact that an oxygen-free environment is being created within the Exit Bag.



Fig 5.26: Gas flow @ 15l/min

1. With the regulator's flow rate set to 15 l/min, (fig 5.26) a full cylinder will provide around 25 minutes of continuous gas flow.
2. The nitrogen displaces the oxygen in the Exit Bag. It is the low oxygen environment that causes death.
3. The Exit Bag should be filled with nitrogen before one exhales and pulls the bag down.
4. Once a deep breath is taken, loss of consciousness is almost immediate and death follows soon after.
5. The Exit Bag is not to be tight over a person's head.
6. The elastic collar provides a loose fit around the neck when pulled down.
7. The loose fit allows the Nitrogen to flow continuously from the Exit Bag taking any exhaled carbon dioxide with it.

The Process

1. Place the Exit Bag collar around the head, above the ears and scrumple up the bag so there is no air inside.
2. Set the regulator to 15 l/min (see below).
3. Turn on the gas from the cylinder.
4. Remove glasses or other protruding objects such as hearing aids.
5. Wait until the bag is fully inflated with the collar still sitting above the ears. This will take around two minutes. When full, the Bag should look like a balloon. Use a mirror to check. The nitrogen/ helium will begin escaping under the collar of the Bag (see below).
6. Position oneself in a steady, comfortable position.
7. To proceed, take some rapid, deep breaths (hyperventilate). When ready, exhale completely, grasp the Bag with both hands, one on each side, and pull the bag down over the head.
8. With the Bag fully over the head, take a deep breath.



Filling the Exit Bag



The Exit Bag over the head

Hypoxic Death & the Exit Bag

Changing Your Mind

Remember, it's always OK to change your mind and this can be done up to the point where consciousness is lost. To put a stop to the process:

1. Release the elastic toggle and pull the bag off your head.
2. Turn the cylinder tap anti-clockwise until it is fully off.
3. When the pressure dial drops to zero, the system is completely closed down and can be disassembled.
4. Undo the brass hexagonal nut on the regulator and disconnect from the cylinder.
5. Put the dust caps (if available) back on the regulator and cylinder.
6. Ensure the cylinder gas tap is fully off.
7. The gas cylinder can then be re-stored (lying down) and the regulator replaced in its box to keep it clean.

6

Carbon Monoxide (CO)

- The importance of Concentration of Monoxide
- Testing the Concentration
- Sources of Carbon Monoxide
- Vehicle Exhaust Gas as a Source of CO
- Making Carbon Monoxide
- The COGen Generator
- Charcoal burning as a Source of CO
- The Destiny Euthanasia Machine
- The RP Test for Carbon Monoxide

Introduction

Carbon Monoxide (CO) is one of the most lethal gases known. Its toxicity is due to its ability to strongly bind with haemoglobin which greatly reduces the oxygen-carrying capacity of a person's blood. Areas of the brain sensitive to ischaemia (low oxygen level) are affected severely and a rapid, peaceful death is the common result. The gas is particularly dangerous, as it is a colourless, odourless and a non-irritating gas. Without specialized monitoring equipment, there is no way of knowing that carbon monoxide is present.

Death by poisoning from carbon monoxide can be reliable, quick and peaceful, provided the concentration of the inhaled gas is sufficiently high. In the 1990s, Dr Jack Kevorkian helped more than 50 seriously ill people to end their lives peacefully, using carbon monoxide. Those present at these deaths described the effectiveness and peacefulness of the approach.

Carbon Monoxide

PPM [CO]	Time	Symptoms
35	8 hours	Maximum exposure allowed by OSHA in the workplace over an eight hour period.
200	2-3 hours	Mild headache, fatigue, nausea and dizziness.
400	1-2 hours	Serious headache-other symptoms intensify. Life threatening after 3 hours.
800	45 minutes	Dizziness, nausea and convulsions. Unconscious within 2 hours. Death within 2-3 hours.
1600	20 minutes	Headache, dizziness and nausea. Death within 1 hour.
3200	5-10 minutes	Headache, dizziness and nausea. Death within 1 hour.
6400	1-2 minutes	Headache, dizziness and nausea. Death within 25-30 minutes.
12,800	1-3 minutes	Rapid Death

Table 6.1 Effect of carbon monoxide exposure

It is important to establish that monoxide concentration is high enough as periods of time spent in sub-lethal gas levels can lead to serious irreparable damage. From the accompanying table (Table 6.1) it is clear that although death will occur at much lower levels, if one is in the environment for some time, it is strongly recommended that concentrations greater than 1% (10,000 ppm) are generated by the method chosen.

There are often no specific clinical findings to identify this agent as the cause of death, although occasionally the red colouration of ‘venous’ blood gives a flushed pink colour to the skin of the corpse. This colouration may indicate the cause of death to an examining doctor and its presence will be detected at autopsy. If it is important that the death look ‘natural’ (and ‘suicide’ not be stated on the death certificate), then poisoning by carbon monoxide may not be the best choice.

Testing the Concentration of Carbon Monoxide

To ensure that the monoxide concentration is sufficiently high for a peaceful death, it is wise to test the gas concentration. To do this one needs an appropriate meter capable of reading carbon monoxide concentration levels.

Exit has tested several meters for this purpose. The cheapest monitors have only a warning light set to alarm when levels of 50ppm are exceeded. These are of limited use.



Fig 6.2

- a) RKI sampling multi-gas meter
- b) TPI 707 high level monoxide analyser
- c) TPI 770 monitor with sampling probe

Carbon Monoxide

Gauges with a digital readout of up to 1000 ppm (0.1%) can be easily obtained. It is advisable to have a sampling facility on the gauge so that the level produced can be sampled before using this method. Sampling gauges can be modified with a 10:1 reduction, so that levels up to and greater than 1% can be measured.

Gauges used by Exit are shown in Fig 6.2. The multi-gas sampling meter (RKI Eagle) enables the monitoring of carbon monoxide levels, carbon dioxide levels as well as the concentration of available oxygen. This gauge retails for over US\$2000 and is primarily used as a research tool. A smaller hand-held device (TPI model 701 carbon monoxide analyser) that measures aspirated gas of up to 10,000 ppm is also shown. This useful gauge costs ~ US\$600. A cheaper TPI gauge used by Exit with a modified 10:1 sampling probe (TPI model 770) costs ~US\$200.

Sources of Carbon Monoxide

From Commercial Gas Suppliers:

Cylinders of compressed carbon monoxide, either as the pure gas or as a mixture (eg 5% in Nitrogen) are available from scientific gas supply companies. There are no special restrictions but an account will be needed. Table 6.1 lists some available packaging for pure compressed carbon monoxide from BOC. <http://www.boc.com/>

Cylinders of special gas mixtures that contain lethal levels of monoxide are also used as source gases for some industrial lasers (eg 6% CO in gas used in the Rofin CO₂ slab laser).

See: <http://www.praxair.com/gases/buy-carbon-monoxide-gas>

Carbon Monoxide (CO)

a toxic, flammable, colourless and odourless gas

Grade	Minimum Purity (%)	Cylinder Size	Contents	Pressure (kPa) ^a	BAR	Valve	Equipment Recommended
Australia							
Chemically Pure Grade 2.5 Gas Code 156	99.5	LB (A)	0.05 m ³	10300	103	CGA170	Regulators for CGA170 See Section on Regulators
		1A (G)	4.8 m ³	11300	113	CGA350	Regulators for CGA350 See Section on Regulators
		D	0.66 m ³	7000	70	Type 20	Regulators for Type 20 See Section on Regulators
		2 (E)	1.8 m ³	1100	11	CGA350	Regulators for CGA350 See Section on Regulators
		200	4.85 m ³	11300	113		
		300	7.36 m ³	11300	113		

Table 6.3. Compressed CO cylinder sizes

Vehicle Exhaust Gas

Carbon Monoxide is produced as an exhaust gas from internal combustion engines. The concentration of the monoxide in the exhaust gas varies, depending on a number of factors and establishing this is critical.

Formic Acid

Carbon Monoxide is produced by a chemical reaction that occurs when the formic acid (HCOOH) is broken down into water (H₂O) and carbon monoxide (CO). The catalyst for this breakdown is concentrated sulphuric acid. The sulphuric acid remains chemically unchanged but is diluted by the water released.

Monoxide generation ceases when all of the formic acid is broken down, or when the sulphuric acid becomes too dilute to catalyze the reaction. Heat is generated in the reaction and this can lead to traces of formic and sulphuric acid in the emerging carbon monoxide. One mole of formic acid (46gm) will produce ~22 litres of carbon monoxide.

The chemical equation is: $\text{HCOOH} \rightleftharpoons \text{H}_2\text{O} + \text{CO}$

Carbon Monoxide

Oxalic Acid

Concentrate sulphuric acid can be used to breakdown anhydrous oxalic acid to produce carbon monoxide (and carbon dioxide). Again the sulphuric acid remains chemically unchanged but is diluted by the water produced in the reaction. Less heat is generated in the reaction and there is less likelihood of contamination with vapour from the sulphuric acid. One mole of oxalic acid (~90gm) produces equal molar amounts of carbon dioxide and carbon monoxide.

The chemical equation is: $\text{HO}_2\text{CCO}_2\text{H} \rightleftharpoons \text{H}_2\text{O} + \text{CO}_2 + \text{CO}$

Carbon (charcoal)

The incomplete oxidation of carbon can produce copious amounts of carbon monoxide. As the oxygen available to a charcoal fire decreases the production of carbon dioxide decreases and carbon monoxide increases.

The chemical equation is: $2\text{C} + \text{O}_2 \rightleftharpoons 2\text{CO}$

Zinc and Calcium Carbonate

Powdered zinc can be mixed with calcium carbonate and heated to produce carbon monoxide, along with calcium and zinc oxide. Heat is needed for the process and this offers the opportunity of controlling the process (using an electrical heater).

The chemical equation is: $\text{Zn} + \text{CaCO}_3 \rightarrow \text{ZnO} + \text{CaO} + \text{CO}$

Vehicle Exhaust Gas as a Source of Carbon Monoxide

Internal combustion engines produce a small percentage of carbon monoxide in the exhaust gas. If this gas is inhaled, death will result. Piping the gas into the car, or running the car in a closed shed are common approaches. In all cases, though, the carbon monoxide will be mixed with a large amount of other foul-smelling exhaust products. One of the benefits of using this gas, peacefulness, is lost.

Older cars tend to produce the highest levels of exhaust carbon monoxide. With the introduction of unleaded petrol in the 80s, there have been controls on the monoxide levels in exhaust gases to meet environmental standards. Since 1997 new cars can emit no more than 10% of the levels of carbon monoxide acceptable in 1976. Mandatory catalytic converters oxidize most of the produced carbon monoxide to form carbon dioxide.

Despite these significant changes in the emission levels of carbon monoxide, motor vehicle exhaust gas suicides continue to occur at a surprisingly high rate. Indeed, in the period from 1976 to 1995 the rate of exhaust gas suicides in some countries increased faster than the rate of motor vehicle registrations (Routley & Ozanne-Smith, 1998). Possible explanations include the fact that idling motors do not necessarily comply with international standards. Additionally, catalytic converters do not function when cold. Rather, they require several minutes to warm from a cold start. Of significance though is the increasing number of failed suicide attempts from breathing exhaust gas reported in this period.

This is not to say that the motor car cannot be used as a source of carbon monoxide to effect a reliable death, but there are problems associated with the method. One concern is the mechanical connection of the exhaust to the hose carrying gas to the car. Many modern vehicles have elliptical exhaust outlets. Coupling the exhaust to a round hose, often using plastic tape, can cause problems because of the heat of exhaust gas. If the tape or tube melts or is destroyed by the heat, failure is likely. Fig 6.4 shows a carefully engineered system using metal connections and clamps and heat resistant tubing.

Carbon Monoxide



Fig 6.4. The car as a carbon monoxide source

This approach demands meticulous attention to detail and testing is strongly recommended. A carbon monoxide meter should be used for testing. The meter should be placed on the front seat. The car should then be run using the planned setup. The meter can be watched safely from outside the car. The meter reading will soon show if the system will work. If the meter moves quickly off-scale ($>500\text{ppm}$), the method is unlikely to fail. If the meter struggles to rise, even when the motor is started cold and allowed to idle, the system should be avoided.

In addition, careful planning is required to avoid the possibility of intervention. A car running with a hose fed into the back window will almost certainly attract attention. And, even if effective, sitting in an environment of hot, foul smelling, burnt engine waste, just to make use of the tiny percentage of monoxide present, is an unpleasant way to die. In Exit's research of our elderly members' attitudes, only a small number showed interest in using exhaust carbon monoxide.



Fig 6.5
The early CoGen



Fig 6.6. COGen 4 on fume cupboard test bench with acid bottles and CO monitor

Making Carbon Monoxide (the COGen)

For over a decade, Exit International has investigated the use of carbon monoxide. Since the compressed gas is difficult to source, Exit has developed generators that produce the carbon monoxide gas when and as required. The first carbon monoxide generator (the COGen) made use of the chemical reaction (catalytic breakdown) that takes place when formic acid is added to sulphuric acid.

In the original model (Fig 6.5) the formic acid was placed in an intravenous bag and allowed to drip into the reaction chamber containing the sulphuric acid. The gas produced was then fed to the mannequin using nasal prongs. Filmmaker Janine Hosking recorded this first demonstration at Exit's laboratory in late 2002, and the sequence was shown in the film *Mademoiselle and the Doctor*.

Since that time other methods of carbon monoxide generation have been investigated. Methods include the partial oxidation of carbon (charcoal), the reduction and catalytic conversion of oxalic acid, and the reaction between powdered zinc and calcium carbonate.

How the COGen Works

The COGen consists of two PVC chambers ('A' & 'C', Fig 6.7). The inner chamber "A" is mounted to the screw lid of the larger outer 10cm (3.9 inch) container and has a drip exit 'F' in its base. The drip rate is controlled by a screw 'E'.

150 ml of 85% formic acid is placed in chamber ('A') with the control-valve shut.

Carbon Monoxide

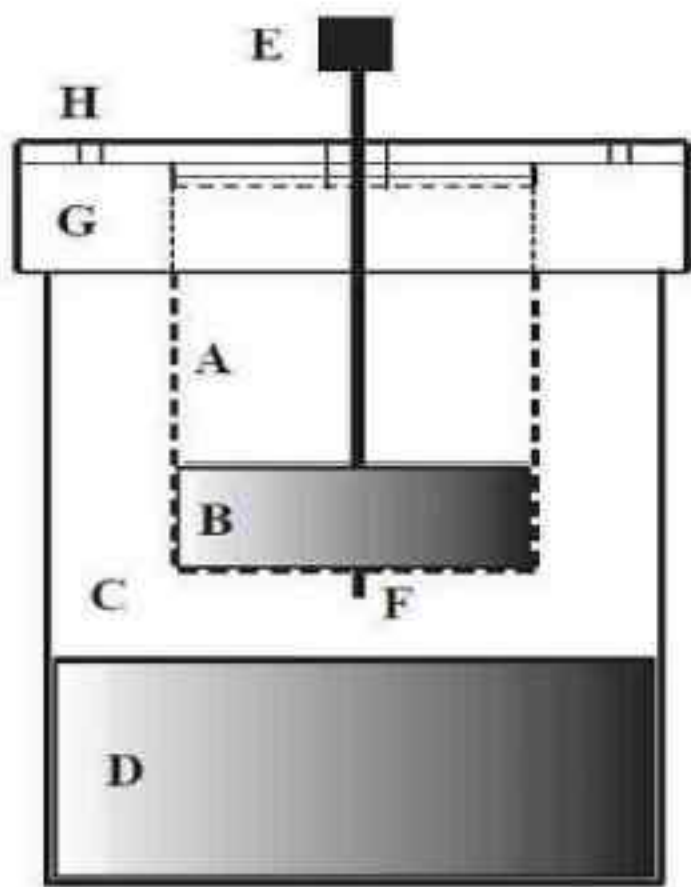


Fig 6.7 The COGen & acids

250ml of concentrated sulphuric acid (98%) is placed in the outer chamber 'D' and the COGen assembled.

Opening the screw 'E' allows the formic acid to drip into the concentrated sulphuric acid. Copious amounts of carbon monoxide are released and exit the chamber through vent holes in the lid 'H'.

The Video shows the COGen being armed and placed in a small car. The carbon monoxide concentration in the car was continuously sampled with a probe positioned near the head of the mannequin. The graph (Fig 6.8) shows the measured concentration in ppm, plotted over the first 30 minutes. Lethal concentrations were reached a few minutes after switching on the generator. A peak level of ~3% CO was recorded.

Sourcing the Acids

Concentrated sulphuric acid (98%) can be purchased from chemical suppliers or at hardware stores where it is sold as a drain cleaner. Concentrated laboratory sulphuric acid is an oily clear liquid, whereas the drain-cleaner sulphuric acid can be dark brown in colour because of additives, but this does not effect the generator's operation.

Formic acid is available from chemical supply companies. Home hobbyists use formic acid in tanning or bee-keeping. Formic acid can also be purchased online through chemical supply websites.

Oxalic acid is used as rust and stain cleaner and can be purchased from hardware stores.

Carbon Monoxide

Safety Note

Concentrated formic and sulphuric acids are corrosive liquids. They should be kept secured in glass or polyethylene containers (plastic soft drink/ soda bottles are not suitable). When using sulphuric acid, rubber gloves should be worn along with eye-protecting goggles and a face-splash protector. Spills of acids on to the skin should be washed off immediately with copious amounts of water. If either of these acids gets in the eyes, wash the eyes continuously for several minutes and then seek medical assistance.

Generating Carbon Monoxide using a Charcoal Burner

This method of generation is commonly used as it is simple to set up and all necessary items are readily obtained. A charcoal burner can made from a steel container or by using a brazier or using a pre-packaged charcoal BBQ grill.

If you make your own burner, obtain good quality charcoal to reduce the level of unwanted smoke. You will also need a car, or other small room that can be sealed.

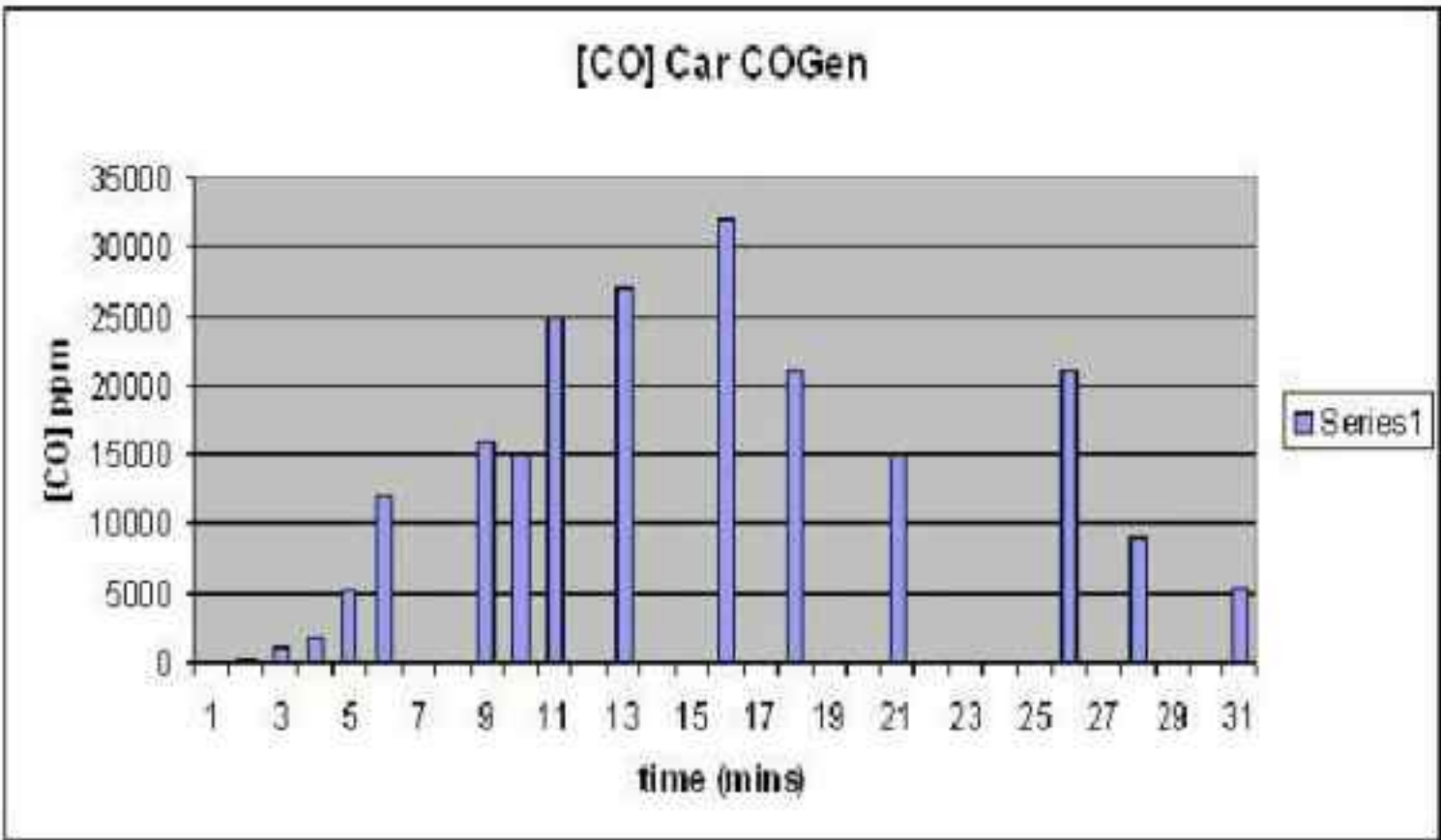


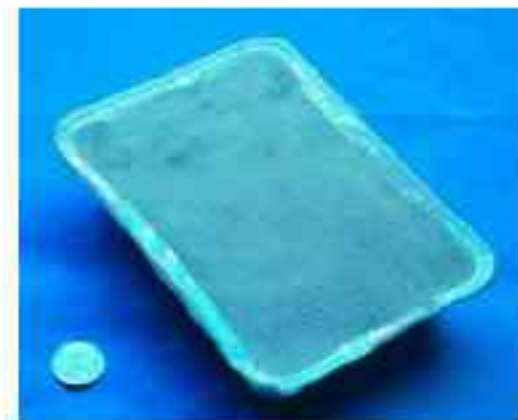
Table 6.8 CO concentration with time using COGen in a vehicle

In the series of experiments carried out by Exit, a small pre-packaged charcoal burner was set alight and placed on the floor in a small car. The level of carbon monoxide inside the car was continuously monitored.

Other tests were carried out using a sealed 20ft shipping container as the closed environment. A brazier was loaded with 1.5 Kgm of good quality charcoal which was then set alight and placed in the centre of the floor. The container doors were shut (see Fig 6.10). Again, the carbon monoxide concentration within the container was continuously sampled from outside using a sampling probe.



Fig 6.9 Test vehicle with BBQ charcoal burner



Carbon Monoxide



Fig 6.10. Charcoal burner.brazier and test shipping container

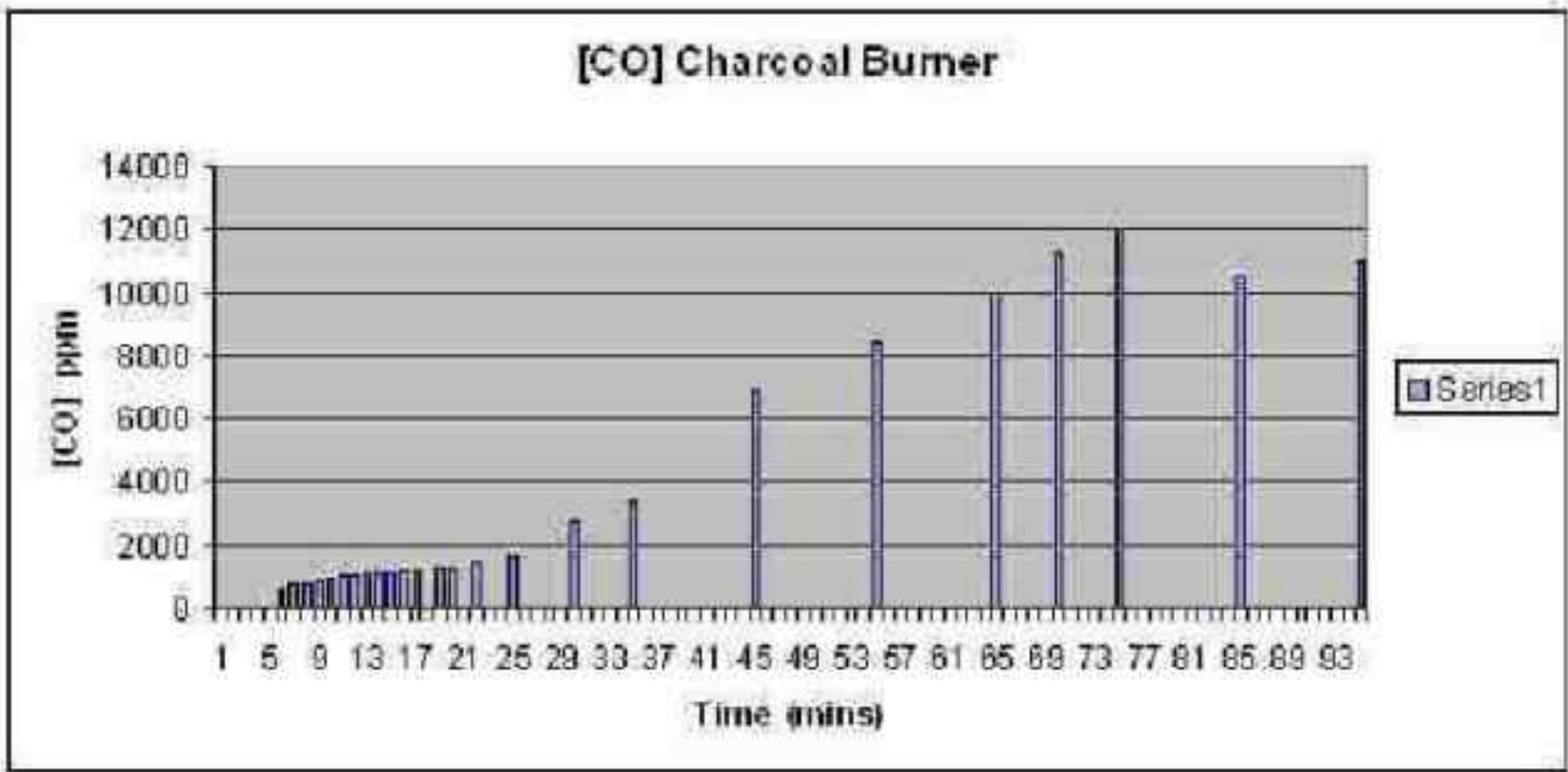


Table 6.11. CO concentration with time in test shipping container

The Destiny Euthanasia Machine

In early 2012 Philip Nitschke was contacted by Mr Paul Bowen QC who was for acting for British man, Tony Nicklinson. Tony suffered from ‘locked-in syndrome’ following a stroke some years earlier. See: <http://bit.ly/1KIEhqz>

Tony and Paul wanted to know if it was possible to build a new Deliverance Machine; a machine that would enable Tony to blink an eye and receive a dose of a lethal gas. Dr Nitschke grasped the opportunity and set to work on a euthanasia machine that could be easily operated by a person with limited mobility. The goal was a machine that would reliably and peacefully cause death, and would require no special skill to apply. One whose operation could be initiated by a button press, or by a



Table 6.12. Destiny CO Machine

Carbon Monoxide

voice or eye movement. The result was the ‘Destiny Machine’ first shown publicly as part of Philip Nitschke’s ‘Dicing with Dr Death’ show at the Edinburgh Fringe in August 2015. Media stemming from the Edinburgh Fringe is at:

The Independent: <http://ind.pn/1VRumkf>

The Daily Mail: <http://dailym.ai/1Jf8FGz>

The Daily Record: <http://bit.ly/1iC6cvI>

TV Bomb Review: <http://bit.ly/1Q6hYZX>

Design Considerations

Following discussions with Neal Nicol, a long-time associate of Dr Jack Kevorkian, features of the earlier Deliverance Machine and Dr Kevorkian’s own Mercitron Machine were integrated. The Mercitron had been used by Kevorkian and Nicol in the assisted suicides of ~ 50 patients in the US in the 1990s.

The gas that is used in the Destiny is the same compressed carbon monoxide/ nitrogen mixture (9%/91%) that was used in the original Mercitron. Delivery of the gas at ~4 liters/min is through simple nasal prongs. Gas control is determined by a modification of the original Deliverance program where a positive response to three separate questions, either through button press or other means, activates the gas control relay.

As a safety measure, a finger cuff provides the person’s cardiac rate and oxygen saturation input to the Raspberry Pi microprocessor. This microprocessor controls the process and presents the questions. The person’s cardiac trace, heart rate and oxygen saturation is displayed . When cardiac function ceases and oxygen saturation drops to zero, the microprocessor terminates the gas flow.

Construction of Destiny

Construction of Destiny began in 2014. Input for the first machine is a ‘Yes’ green button and a ‘No’ red button which both feed into the Raspberry Pi microprocessor case. Secondary input is from a pulse oximeter (CONTEC CMS50D+) which provides pulse waveform, heart rate and saturation via USB input of 5.2v power from a USB source. Output in the form of a visual display is via HDMI to a screen displaying the person’s cardiac trace, oxygenation and pulse, along with the sequential presentation of the three questions.

- *Are you aware that if you proceed to the last screen and press the ‘yes’ button you will be given a lethal dose of fast and die?*
- *Are you certain you understand that if you proceed and press the ‘yes’ button to go to the next screen that you will die?*
- *If you press this button in 15 seconds you will die*

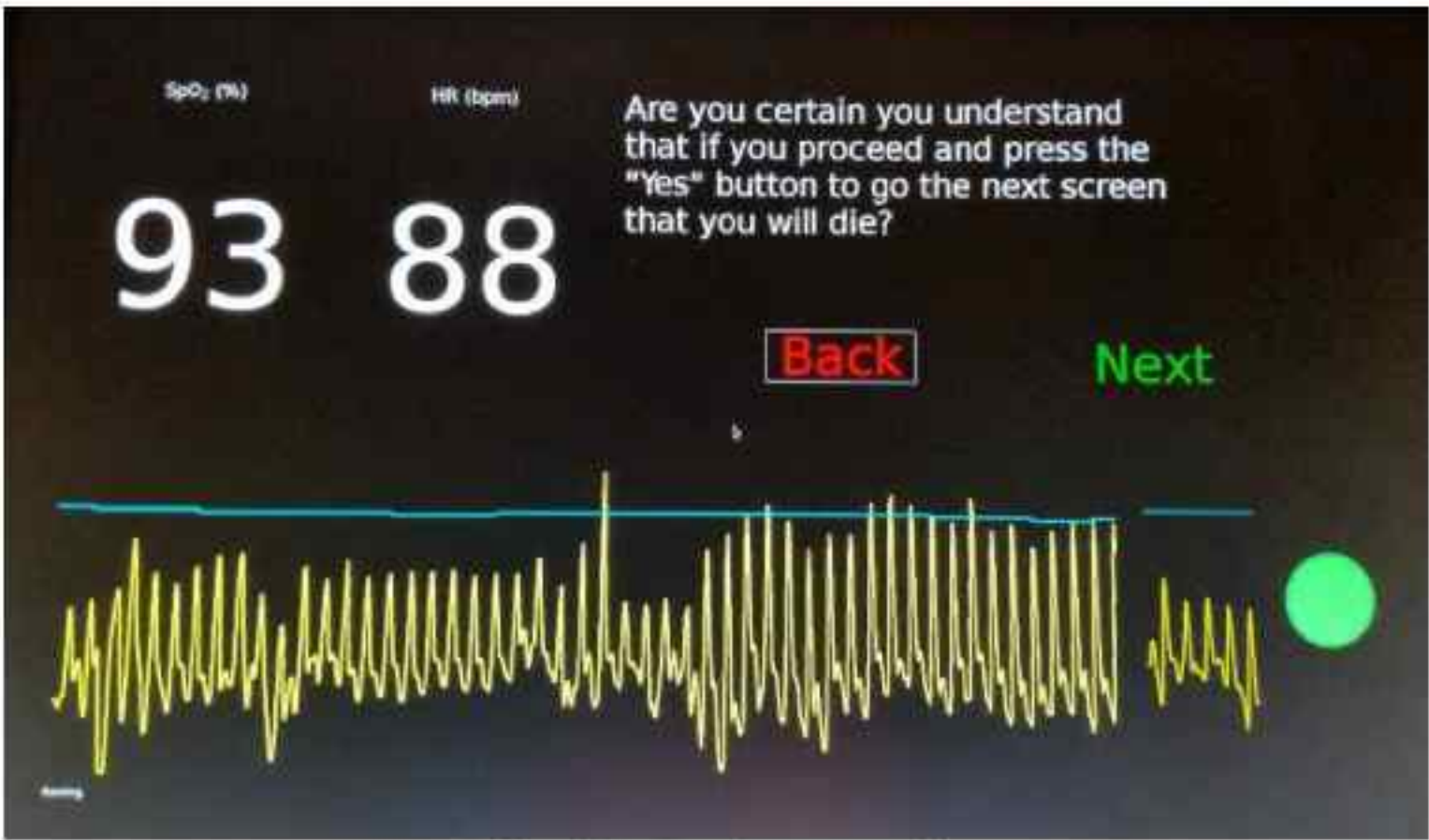


Table 6.13. Destiny screenshot

Carbon Monoxide

The gas source is a compressed Nitrogen/CO mixture (91%/9%) at 2000psi, regulated with a Max Dog Brewing nitrogen regulator. This provides a flow rate of 4 litres per minute. The 91%/9% combination was chosen because it is quickly and effectively lethal. Importantly, this concentration of carbon monoxide is also not considered flammable. Flow is controlled by the microprocessor which activates a relay gas valve. Power is provided from a 9v battery pack.

Testing & Use of Destiny

At the time of publication, the Destiny Machine has not been used to end life. The machine has undergone extensive testing with volunteers. The Destiny Machine has shown itself to be 100% reliable in operation and gas control, when used with nitrogen gas.

The sourcing of small (150 litre/ 5 cu ft) cylinders of the Nitrogen/ Carbon Monoxide mix is currently under examination and will be reported on when available.

Warning

It is stressed that carbon monoxide is an extremely lethal gas. A person using this gas to end their life should be aware of potential risks to other people present. Always place a warning sign in a prominent position to prevent any accidental exposure to other people. This danger is greatly reduced when administration is via the Destiny Machine because of the minimal amount of lethal gas used.

Legal Comment

Carbon monoxide, much like the inert gases mentioned in the previous Chapter, are also able to be obtained and possessed lawfully in countries such as the United States, the United Kingdom and Australia. This includes cylinders, charcoal burners and other items described that can be used to produce carbon monoxide.

Conclusion

Carbon Monoxide can provide a person with a peaceful death. The gas can be obtained in a variety of ways ranging from direct purchase, simple burners, or more sophisticated generating devices. Tests should be made to ensure that concentrations of over 1% can be delivered. The Destiny machine addresses many of these issues.

Most interest in this method has come from those who reject the taking of drugs orally (eg. for fear of vomiting) and by others who reject the use of helium because of the need for a plastic bag to be placed over one's head. The Destiny machine and the COGen address these concerns. In particular the Destiny machine has the ability to be used by persons with significant disability (quadriplegics, people with advanced MND etc).

Carbon Monoxide

Exit RP Test for Carbon Monoxide

The method loses points in the subcategories of Preparation, Undetectability and Safety.

Preparation is not simple (Pr=2), there is equipment present at the death, and if using a COGen preparation with concentrated acids requires care. Using compressed nitrogen/ carbon monoxide mix will greatly simplify Preparation moving from 1/5 to 3/5.

This method may be detectable on inspection of the body (U=1), and can present some risk to others (Sa=1). The action of the Destiny machine in reducing the amount of monoxide used to a minimum significantly reduces the danger to others. Safety moving from 1/5 to 3/5

RP test result 33 (66%), for Destiny RP is 35 (70%)

Criteria	Score
<i>Reliability</i>	<i>9/10</i>
<i>Peacefulness</i>	<i>8/10</i>
<i>Availability</i>	<i>3/5</i>
<i>Preparation</i>	<i>2/5</i>
<i>Undetectability</i>	<i>1/5</i>
<i>Speed</i>	<i>5/5</i>
<i>Safety</i>	<i>1/5</i>
<i>Storage</i>	<i>4/5</i>
Total	33 (66%)

Lethal Inorganic Salts

- Sodium cyanide
- Sodium azide
- Sodium nitrite

Introduction

This Chapter examines a number of non-drug substances that provide a reliable death when ingested. These substances are manufactured for other purposes but are also useful in ending life. Three soluble inorganic salts are considered in this Chapter. They are all water-soluble solids that, when dissolved and taken as a drink, bring about a reliable death. They differ in mode of action, cost and availability. These details are examined below.



Ramon San Pedro

Lethal Inorganic Salts

Sodium cyanide - NaCN

The death of Spaniard Ramon Sampedro in 1998 and the subsequent award-winning film *The Sea Inside* focused attention on the use of sodium cyanide as an effective means by which a seriously ill person can put an end to their suffering.

Sampedro, a quadriplegic since a diving accident at age 26, ended his life by drinking a glass of water in which soluble potassium cyanide (KCN) had been dissolved. He died quickly, and peacefully. Many people who have seen *The Sea Inside* have asked why these cyanide salts are not more frequently used by those who are seriously ill to provide a peaceful death. In this Chapter we explain some of the difficulties involved in using cyanide and provide some answers.

Background to Cyanide

In 1814, the carbon-nitrogen (CN) ‘radical’ common to a number of chemical substances was isolated and given the name ‘cyanogen’ by the French chemist Joseph Gay Lussac. The subsequent name ‘the blue generator’ referred to the place of the CN radical in chemicals that were used as blue dyes; the Prussian Blue of blueprints (iron ferro cyanide) is perhaps the best known. In many of these compounds, the CN radical is so tightly bound that the substances are relatively non-toxic.

With the discovery of substances where the CN radical was not so tightly bound - the gas hydrogen cyanide, hydrocyanic acid, and simple salts like potassium and sodium cyanide - it was soon realized that cyanide was extremely toxic to animal cells. By destroying the mitochondria, an essential element within each cell, the CN radical caused rapid cellular death. This causes a red complexion as cells are unable to utilise oxygen in the blood, and death is by cerebral anoxia.

In 1921, cyanide gas (hydrogen cyanide, HCN) was proposed as a humane method of execution and led to the passage of the 'Humane Death Bill' in Nevada. The gas was first used to execute Gee Jon in 1924. Since that time nearly 1000 people have died in the execution gas chambers in the US. All gas chambers used the same method to produce cyanide gas. Pellets of sodium cyanide were dropped into sulfuric acid to release the gas which then enveloped the prisoner.

Hydrogen cyanide is a volatile liquid and can be stabilised and absorbed onto a substrate. In this form (Zyklon B), it was used by the Nazi's during the Holocaust. Originally developed as an insecticide, the pellets were kept in sealed containers and released as HCN gas when the pellets came into contact with air.

Today, cyanide compounds are widely used in industry. Vast quantities of the cyanide salts are produced for use in the gold mining, metallurgy, electroplating and photographic industries. Their toxicity is well known and despite the large quantities used, they remain heavily restricted and difficult to obtain.

Can Cyanide provide a reliable and peaceful death?

Those watching the cinematographic depiction of Sampedro's death would have cause to believe that a death resulting from the ingestion of cyanide salts is peaceful. Unfortunately, not all reports of cyanide deaths support this view. Indeed, there is considerable variation in accounts. While reliability is not an issue, the question most raised relates to the method's 'peacefulness.' Just how peaceful is it to die with cyanide?

Most accounts of death from cyanide poisoning come from witnesses to gas chamber executions where the (unwilling) prisoner inhaled HCN. One study undertaken at San Quentin prison showed that, on average, consciousness was lost within one to three minutes, with death occurring after nine minutes. These deaths were often peaceful with the prisoner falling quickly asleep.

On some occasions, however, a violent (and presumably painful) death was observed. This method of execution was largely abandoned in the US in 1994 when the American Civil Liberties Union took a successful action against the California Department of Corrections. In their action, the ACLU argued successfully that the gas chamber violated the US Constitution's ban against cruel and unusual punishment, because it inflicted needless pain and suffering.

Eyewitness accounts of seriously ill people drinking dissolved cyanide salt are also mixed. In his book *Final Exit*, Derek Humphry describes deaths that are quick and painless. But he also documents one unexplained account that refers to a death that was 'miserable and violent, marked by frequent tetanic convulsions while awake' (Humphry, 1996: 30).

Toxicology texts of death by cyanide commonly refer to a rapid collapse and loss of consciousness if a large enough dose is absorbed. Occasionally, convulsions occur after consciousness is lost. In his book *Suicide and Attempted Suicide: Methods and Consequences*, Geo Stone makes the observation that while cyanide might be commonly used by suicidal chemists, it is used rarely by physicians. He concludes that this may be due to their different levels of access to poisons (Stone, 1999).

In 1995 when the guidelines for the *Northern Territory Rights of the Terminally Ill Act* (ROTI) were being developed the use of cyanide was not considered; better drugs (the barbiturates) were available. Today, cyanide is not used in any country where euthanasia / assisted suicide legislation is in place.

Nevertheless, cyanide salts have some very positive properties and play a role in ensuring people have control over their lives. In particular, issues such as the small quantities needed, easy administration, long shelf life, and rapid action can be deciding factors. Ingesting a gram of potassium cyanide in the form of a simple single capsule is seen by some people as offering the best means of ensuring control at the end of life.

The Availability of Cyanide

Soluble cyanide salts have traditionally been hard to obtain unless one has a contact in the industries where these substances are used. These salts are heavily regulated and restricted.

Cyanide is also now recognised as a compound of chemical weapons with associated heavy penalties. The legal risks associated with obtaining this drug may outweigh any possible end of life benefit. Internet claims of availability can be false. Any online purchase must be tested.

Lethal Inorganic Salts



Quantofix quantitative cyanide test kit

Testing Cyanide

Purity testing is relatively simple with graded immunoassay test strips. 'Quantofix' manufacture a cyanide test kit with 100 strips, able to read between 1 - 30 mg/litre (Fig above). The cost of the kit is ~ US\$100. To establish purity, one dissolves 30mg of potassium cyanide powder into distilled water. A colour change on the test strip will indicate a positive reading.

Using Cyanide for a Peaceful & Reliable Passing

Only a small amount is required (ie. 1-2 gms: a teaspoonful). The sodium or potassium cyanide can be dissolved into half a glass of water. The solution is stable in neutral or alkaline solutions, so do not use carbonated water. The solution should be drunk quickly.

Alternatively, the powder can be packed into '00' gelatin capsules and then taken with a glass of water. The powder density is 1.5gm/cc and a single '00' capsule will contain 1.35gm of the powder, 2 capsules is more than enough for a peaceful death.

The effect is greatest when the salt reaches the acid environment of the stomach, so one's stomach should be empty before taking the cyanide.

A noted variation to this methodology was used by computer pioneer Alan Turing, who injected the dissolved salt into an apple before eating it. Alan's actual act of suicide was interestingly omitted from the 2014 film, 'The Imitation Game.'

What about hydrogen cyanide gas?

Potassium cyanide is not the only form of cyanide that is lethal. There is also the gas, hydrogen cyanide.

The process of making hydrogen cyanide gas mimics that used historically in the US gas chamber in acts of capital punishment. There, the solid cyanide salt (sodium, potassium or calcium cyanide) was added to concentrate acid in order create the lethal gas. The gas chamber was abandoned in the 1990s by most US states for reasons of being cruel and unusual punishment.

Hydrogen cyanide can be made by placing 500ml of concentrated hydrochloric acid in a plastic bucket and adding a few grams of the solid salt. This will rapidly produce hydrogen cyanide. If this is done in a confined space (a vehicle, or small room with windows shut) the inhalation of this gas will lead to a rapid and inevitable death.

Concentrated hydrochloric acid (>25%) is readily available from hardware stores. The smell of the hydrogen cyanide gas is sometimes reported as similar to that of bitter almonds.

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Lethal quantity (~1 gm) of KCN



'0' & '00' gelatine capsules

Warning

Be aware that the production of the gas may continue for some time and anyone entering the area may be unaware of the presence of the lethal gas. Warning signs must be posted to protect those who may come across the site. Safety on the Exit RP Test, is therefore low for this method 1/5.

Sodium Azide - NaN_3

Sodium Azide is a colourless, crystalline, water-soluble salt with a number of properties that make it a useful end of life drug. While (almost) as lethal as cyanide, sodium azide is much easier to obtain. It is openly sold on Ebay and Amazon and not generally subject to legal restrictions,

Properties

Sodium Azide is comprised of colorless crystals with the formula, NaN_3 . While it is very soluble in water, the salt breaks down explosively into sodium and nitrogen if heated to $>300^\circ\text{C}$. It is this property that led to its use in car collision air bags. The salt or solutions of the salt can form unstable/ explosive azides if placed in contact with metals. Acidification of a solution, or the addition of acid to the salt itself, can result in the production of hydrazoic acid (HN_3), which is a highly toxic, volatile, shock-sensitive explosive gas.

A solution of the salt in water is an effective end of life drink. Very small quantities will reliably end life.



Sodium azide found use as the active ingredient in auto airbags

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Toxic Characteristics

When dissolved in water and ingested, quantities of even 1gm of sodium azide can be rapidly fatal. On ingestion of the salt, the azide is absorbed from the gut and blocks the action of the enzyme cytochrome c oxidase. This prevents the uptake of oxygen and causes cellular asphyxia and death. The death that follows is 'relatively peacefully'.

Sodium azide affects those organs with the highest need for oxygen, such as the brain and the central nervous system. On swallowing the solution, the salt interacts with stomach acid leading to a drop in blood pressure, acute headache, shock and rapid death.

One should be aware that unlike cyanide, the azide ion has a potent physiological effect even at manifestly sub-lethal doses. Several reports exist of laboratory accidents in which ingestion of as little as 10mg has caused transient, but sometimes dramatic, neurological effects such as seizures, lasting for a few minutes, as well as other symptoms such as severe headache. Basic safe-handling techniques such as the use of gloves are strongly recommended.

The immediate 'pharmacological' effect - as opposed to the delayed but lethal 'metabolic' effect seen after high dose intoxication (10mg/kg and above) - is presumed to be due to the formation of nitric oxide in the central nervous system. This mechanism is related in part to the vasodilation and reduction in blood pressure, discovered when sodium azide was tested as an antihypertensive in the 1950s. In those studies, small doses of around 1mg were administered orally several times a day and proved effective and well tolerated by patients, but were found to be too short-acting to warrant widespread clinical use.

Handling, Storage, and Disposal

Aqueous solutions of the salt (<5%) is easier to store than the salt. Such solutions can be stored in plastic sealed containers. However, neither the salt nor aqueous solutions should come in contact with metals. This is because of the potential of the substance to form unstable/ explosive compounds when in contact with a number of metals. This means that disposal of the unused salt or solutions should not be made through the drainage system because contact with metals is a real possibility. The problems associated with handling and management of sodium azide have led to its description as a particularly dangerous substance.

In truth, nearly all the hazards associated with sodium azide are due to accidental formation of its chemical parent, hydrazoic acid, (HN_3). Hydrazoic acid is a volatile, weak acid but is a shock-sensitive explosive. Unlike the salts, this acid can be absorbed through the skin. Even though the smell of hydrazoic acid is described in the scientific literature as ‘extremely pungent’, ‘obnoxious’, and even ‘fear-inducing’ (and ‘unmistakable’), one may not always get adequate warning of its presence.

Should a spill of azide occur, this can be mopped up using a dilute solution of sodium hydroxide (lye, caustic soda). This will prevent the formation of hydrazoic acid, and immediately convert any hydrazoic acid that may be present back to sodium azide. This is in lieu of plain water. Obviously gloves, etc are essential in such a scenario.

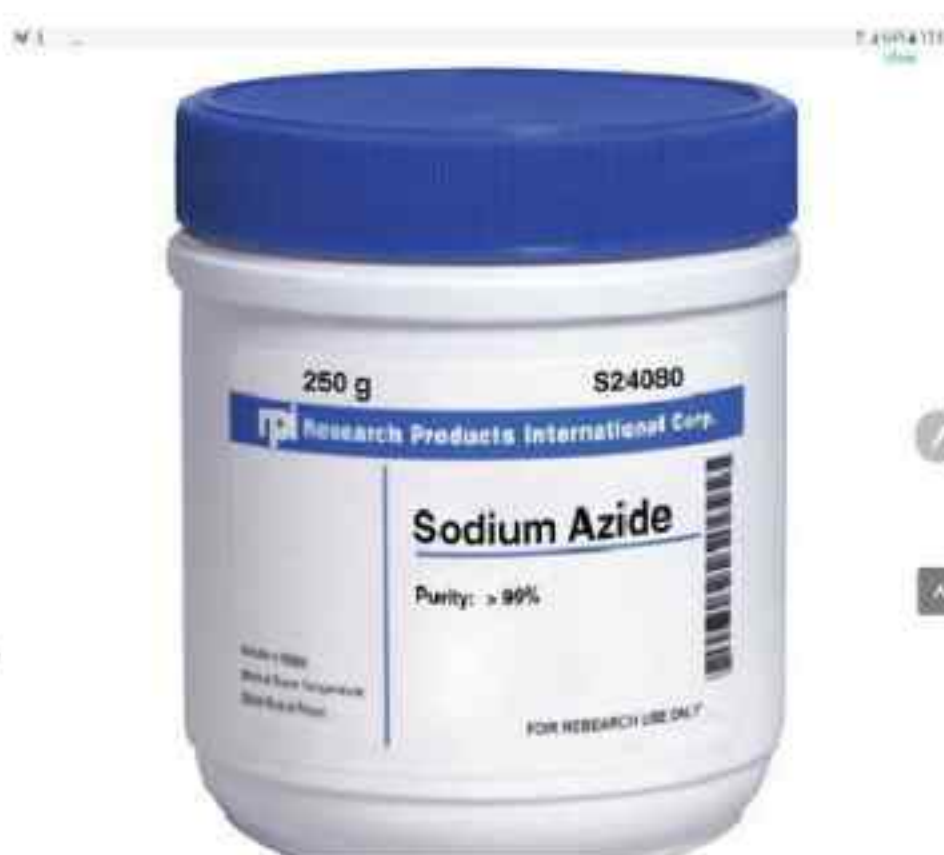
See: <http://bit.ly/thenastiestchemical>

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Using Azide for a rapid/ peaceful death

A reliable death can be brought about by mixing 2 -3 gm of the salt into 50ml of distilled or de-mineralised water (do not use soda water) in a plastic or glass container. Do not use a metal spoon. Although the release of toxic HN_3 is minimal during mixing, this should be done in the open air, in

a well-ventilated area. This 50ml of 5% solution can then be sealed, and drunk at a later stage to end life. An anti-emetic (eg 3 x 10mg of metoclopramide), taken 30 minutes earlier is advised.



Laboratory plastic container of sodium azide

Note: There is no known antidote to the ingestion of sodium azide. This property may be considered desirable in an end of life agent.

Note: Attempting resuscitation on a person who has ingested sodium azide can expose those attempting help to serious danger. Mouth-to-mouth resuscitation can result in the rescuer's exposure to dangerous hydrazoic acid. If vomiting has occurred, the toxic vomit must be avoided for the same reason.

Those choosing to use of azide to end life should display a clear sign indicating that this substance has been used. This will help protect emergency medical staff or police from accidental toxic exposure.

Obtaining Sodium Azide

The toxic properties of sodium azide, its instability, storage difficulties, and its use in the manufacture of explosives mean that the substance is subject to some control, but less than those applied to the cyanide salts.

A number of internet sites offer sodium azide at prices as low as US\$10/ kgm.

See: <https://www.alibaba.com/showroom/sodium-azide.html>

The Dutch euthanasia powder ‘Middel X’

In September 2017, a Dutch pro-self determination group, Coöperatie Laatste Wil (CLW), went public claiming that they had discovered a new ‘Dutch euthanasia powder’. They said this powder would provide their members with a reliable way of ending their lives with no medical involvement. They announced their intention to purchase and subsequently distribute the un-named Dutch powder - ‘Middel X’ - to their members using finger-print secure safes. Although there was considerable public interest in this development, CLW refused to reveal the identity of the product.

The secrecy over the identity of Middel X led to the development of unrealistic expectations in the minds of the public. Described as an agent ‘used as a bacteriostatic on common laboratory preservative’ that was ‘readily-available and unrestrictable’. And as an ‘easy-to-administer’ drink, that is ‘reliably lethal with as little as 2 gm required’. The group has also described Middel X as having commercial application in the manufacture of car air bags and as having no known antidote. This clearly defined the mystery ‘Middel X’ powder as sodium azide.

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Further CLW statements claimed that while Middel X provided a reliable and peaceful death, a headache was possible, but this can be anticipated and dealt with by taking standard analgesics. The symptoms were claimed to match those of carbon monoxide inhalation.

The publicity surrounding the discovery of a new Middel X powder that has such remarkable properties, led to a huge demand for this 'new Pill of Drion'. By refusing to identify the substance, however, CLW has effectively avoided any independent verification or checking of their claims.. This has allowed the myth to persist. Refusal to acknowledge that Middel X is sodium azide also means that CLW has never had to acknowledge any of the significant problems associated with distribution of this substance.

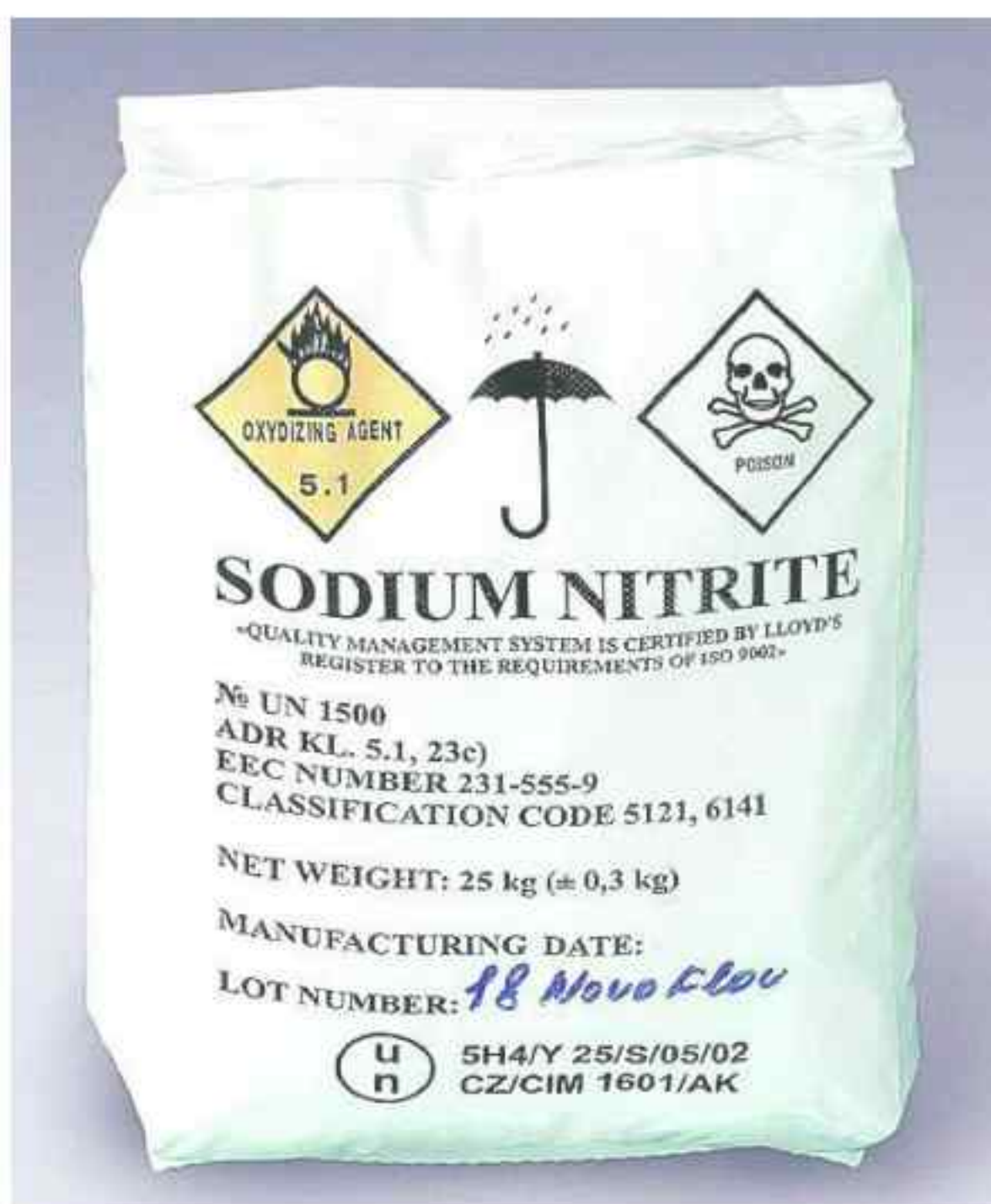
In February 2018 in the Netherlands, a 19 year-old woman, Ximena Knol, suicided. Her parents claimed that she had been encouraged by the actions of CLW and Dutch media reported that Ximena had purchased Middel X from a local chemical retailer. She had said that she needed the salt for a school project. While it is widely believed that it was CLW's azide that was involved in her death, it was later revealed that she had purchased and ingested sodium nitrite.

In March 2018 the NL Public Prosecution Service announced a criminal investigation into the behaviour of CLW and ordered the organisation to cease all activities with immediate effect.

See: <https://www.om.nl/actueel/nieuwsberichten/@102538/strafrechtelijk/>

Summary

Although the speed and reliability of a death from ingestion of sodium azide make this salt a real option, the problems associated with its storage, safe disposal, and the risk it poses to others after death limit its usefulness. Nevertheless, it is one available means that may provide a lawful option for those who have no access to the barbiturate, Nembutal.



Commercial 25Kgm bag of sodium nitrite

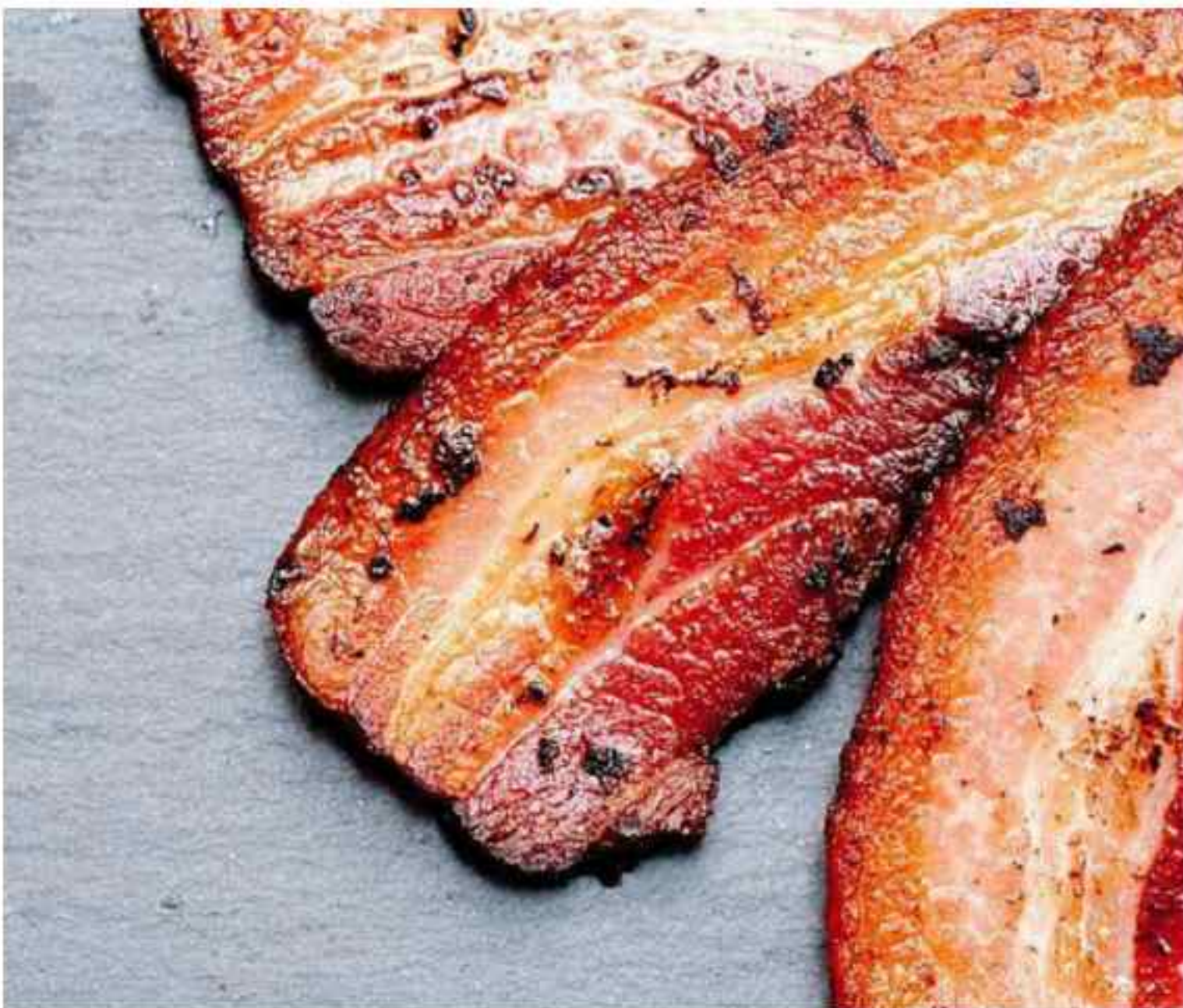
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Sodium Nitrite - NaNO_2

Introduction

The search for a humane method of controlling Australian wild pig populations has led to the recent trial and adoption of sodium nitrite as an effective pig eradication agent. The same goals that led to this common salt being identified as effective in the control of wild pigs, prompted its examination as method for peacefully and reliably ending human life.

See: <http://bit.ly/wildpiginvasion>



Sodium nitrite is commonly used as a meat preservative

Historically, sodium nitrite has been widely-used as an anti-oxidant in the curing of common meats such as ham, bacon and hot dogs. The salt serves a vital public health function in that it blocks the growth of botulism-causing bacteria and prevents spoilage. Sodium nitrite gives cured meats their characteristic color and flavor. Its widespread use make restriction or legal control of this substance highly unlikely.



Sealed 15 gm container of sodium nitrite

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Mode of Action

At a lethal dose, sodium nitrite will reduce a person's oxygen levels which will lead to central nervous system depression, terminal hypoxia and death. Sodium nitrite does this by entering the blood stream and altering the hemoglobin in red blood cells causing methemoglobin. Methoglobin is a form of haemoglobin with a much-reduced ability to combine and transport oxygen. High methemoglobin levels reduce the oxygen-carrying capacity of the blood which is what leads to death (while also changing the blood to a brownish colour).

The protective enzyme system, methemoglobin reductase, also called 'diaphorase' (and more properly called cytochrome b5 reductase and which is normally present in red blood cells) will rapidly reduce the methemoglobin back to hemoglobin. With high nitrite absorption rates, this protective mechanism is overwhelmed. Interference with the activity of these enzymes increases the potency of nitrite ingestion. Levels of these protective enzymes are similar in pigs and humans.

The symptoms of a toxic dose of sodium nitrite can include lethargy, confusion, intoxication and headache, before loss of consciousness occurs. In large doses, nitrite acts as a vasodilator because of its relaxing action on vascular smooth muscle and caused a drop in blood pressure (and possible headache).

The estimated lethal dose of sodium nitrite in adults is as little as 5gm, although for an elective death 15gm is advised.

Note: Methylene blue is the antidote for sodium nitrite ingestion. Methylene blue can be administered intravenously. Nitrite ingestion can be suspected in any case where cyanosis (blue-ish or purple-ish discoloration of the skin) is not corrected by administration of oxygen.

Using Sodium nitrite for a Peaceful and Reliable Death

Sodium nitrite salt is very soluble in water. To prepare a lethal dose of the salt, 15gm is dissolved into 50 - 100 ml of water. The taste is salty and unremarkable. Vomiting is unlikely. However, a single dose of an anti-emetic (3 x 10 mg of metoclopramide - Maxolon) can be taken 30 minutes before drinking the nitrite solution if vomiting is a concern.

In 2018, a monitored death of a 46 Kg adult who had consumed 15 gm of sodium nitrite dissolved in 50 ml of water resulted in the following data:

- At 3 mins drowsy
- At 5 mins very drowsy, responsive
- At 12 mins unconscious
- At 15 min deep sleep/ unrousable
- At 25 mins steady increasing cyanosis, shallow breathing
- At 42 mins death

Potentiating sodium nitrite

An effective and peaceful death is dependant on the nitrite overwhelming the restorative enzyme methemoglobin reductase. To achieve this, rapid gut absorption of the salt on ingestion is needed. This can be facilitated by reducing the amount of gastric acid. This effect is not related to gastric pH, but rather to the production rate of the acid. A pre-dose of the H2 antagonist cimetidine can increase absorption of the nitrite (eg. Tagamet, 800mg, taken 30 minutes before the nitrite).

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Sources of Sodium Nitrite

Sodium nitrite is widely used for food-curing and food-preserving with few restrictions. It is readily available on the internet and has no safety issues for transport. Cost is minimal with chemical suppliers offering the product for as little as US\$15/ kgm.

See:

[*http://bit.ly/labshopnl*](http://bit.ly/labshopnl)

[*https://www.amazon.com/Sodium-Nitrite-Powder*](https://www.amazon.com/Sodium-Nitrite-Powder)

[*http://bit.ly/deoplosmiddelspecialist*](http://bit.ly/deoplosmiddelspecialist)

Storage and Disposal of Sodium Nitrite

Sodium nitrite is very stable, and can be stored at room temperature, but must be stored in a sealed container. Sodium nitrite is also hygroscopic. This means that when it is exposed to air, it absorbs water and is slowly oxydised to sodium nitrate. This renders it ineffective as an end of life agent.

There are no specific concerns with the disposal of unused nitrite and shelf life of properly stored salt is almost infinite.

Cyanide, Azide & Nitrite - RP Test

For a substance or drug to be useful as a Peaceful Pill two main criteria must be met. It must be 'Reliable', and it must be 'Peaceful'.

Reliability of Sodium Cyanide, Sodium Azide and Sodium Nitrite are high. Few people will ever survive the ingestion of 2 gm of sodium cyanide or azide. For nitrite, a larger quantity is needed, and reliability is a little less, R=7.

There is also a correlation between the size of the dose and the speed of death and this minimises the chance of any adverse symptoms developing.

In terms of Peacefulness, mixed accounts make this a difficult characteristic to assess. Clearly, the size of the dose, and the speed of onset of symptoms to loss of consciousness, is relevant. A severe headache is an invariable symptom of azide ingestion.

Availability - Cyanide salts are heavily regulated and hard to obtain. Azide salts are easier to source on the internet. Nitrite salts are the easiest to obtain, with no effective surveillance.

Preparation - Each of these salts is water soluble and can be consumed as a drink. Care must be taken when dissolving azide to avoid the production of hydrazoic acid.

Undetectability - At autopsy all three salts will be detected. A note should be displayed if cyanide or azide have been used. A cyanide death may be detectable from the pink color of the skin and a possible smell of bitter almonds. With nitrite, clinical darkening of blood color (associated with nitrite methaglobin) can be noticed in the skin showing a brown color.

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Speed - A very quick death for azide and cyanide, slower with nitrite.

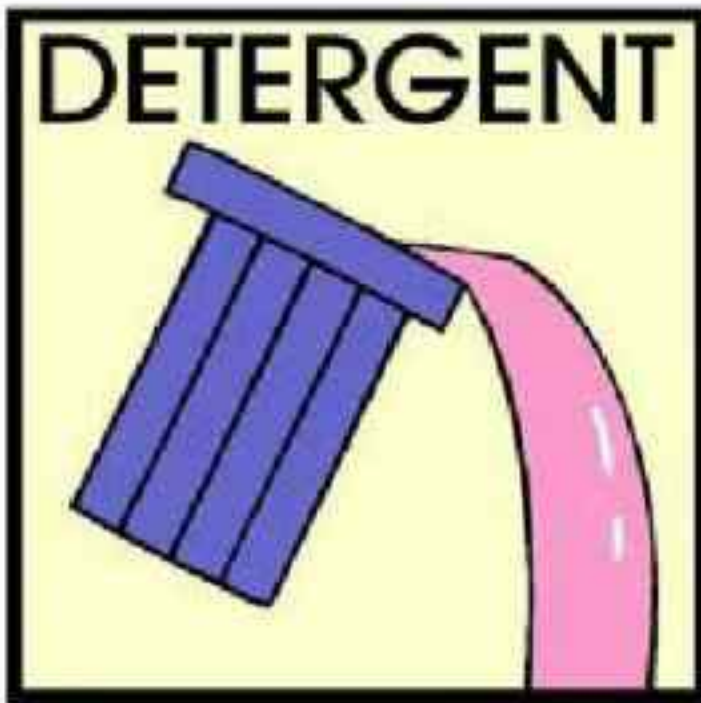
Safety - Care must be taken to avoid any accidental exposure if sodium azide is used . If vomiting occurs after azide or cyanide ingestion, the gastric contents may give off dangerous HN_3 or HCN .

Storage - With proper storage, the sodium salts have an almost indefinite shelf life.

Criteria	Sodium cyanide	Sodium azide	Sodium nitrite
Reliability	10	9	7
Peacefulness	5	6	7
Availability	1	3	4
Preparation	4	3	5
Undetectability	3	3	2
Speed	5	5	3
Safety	2	2	5
Storage	5	3	5
Total	35 (70%)	34(68%)	38(76%)

Detergent Death

Since 2009, Exit has received requests for information on the so-called ‘Detergent Suicide’ method of ending one’s life. While answers were provided to those asking the questions, it was not thought necessary to include details of the method in *The Peaceful Pill Handbook*.



This decision has been reviewed in 2011 and this chapter included. We stress however that the method scores poorly on the Exit RP test, and has little to recommend it. It is in effect a cheap and nasty suicide strategy, and readers are advised to consider other better alternatives outlined in this book.

Detergent Death

The Method

The method makes use of the toxic nature of the gas hydrogen sulfide (H_2S) and its ease of generation from readily available (unrestricted) household chemicals. Hydrogen Sulfide (commonly known as 'rotten egg gas') is extremely toxic when inhaled.

The mechanism of action is similar to that of hydrogen cyanide where the gas binds with and destroys the function of mitochondria within living cells. The gas is as toxic as hydrogen cyanide, but accidental exposure is uncommon because of the strong and unpleasant smell noted with even the smallest concentrations of the gas.

Concentrations of over 0.1% (1000ppm) will lead to immediate loss of consciousness and rapid death. Production of the gas in a confined space (with levels in excess of 1%) will cause certain death.



Fig 8.1 Simple ingredients used in Detergent Suicide

Production of the Gas

The gas is easily produced using readily available ingredients. The usual method employed is to add a concentrated acid to an inorganic sulfide. For example adding concentrated hydrochloric acid to calcium sulfide leads to the rapid production of the gas.



The sulfide used in the early spate of Japanese suicides was reported as ‘bath sulphur’ a product used as a supplement added to bath water for therapeutic use. In western countries where there is little interest in sulphur baths, the commonest source of sulfides is the readily available ‘Lime Sulphur’ used as a common fungicide and insecticide by home gardeners. The major ingredient is calcium polysulfide (CaS_x) in aqueous solution.

The addition of a strong acid to Lime Sulphur liquid in a plastic bucket results in the copious production of hydrogen sulfide gas. Common acids that release the gas include hydrochloric acid (HCl) available from hardware stores, and used as a paving, brick or toilet bowl cleaner, or as a swimming pool chemical, where it is used to lower the pH of the pool. An alternative acid that can be used is sulphuric acid (H_2SO_4) (See Chapter 6) which is used in vehicle lead acid batteries.

Detergent Death

Problems with the method

While the ingredients required to make the gas are readily obtained, and unrestricted, the use of the gas to end one's life presents a number of significant problems. Of major concern is the risk to others when large amounts of hydrogen sulfide gas are produced. Apart from the likelihood of annoying everyone in the area with the stink, there are real dangers to those who might try to enter the area or attempt resuscitation. Indeed emergency personnel are trained to be careful entering an area where this gas is suspected, and not to attempt mouth to mouth resuscitation.

Clearly if one is planning to use this method it is essential that a site is chosen where leakage of the gas can not endanger innocent people and prominent warning signs should be displayed. The use of a car parked in an outdoor location with warning signs displayed prominently on the windows would seem to be the most responsible choice.

While it has been reported that as the concentration of the gas rises, there is a rapid inhibition of the sense of smell, so that one does not necessarily experience the sickening stench right to the point of death, it could not be considered a particularly peaceful.

The Exit RP Test for Hydrogen Sulphide (H₂S)

The method scores poorly for Peacefulness (P=3), but high on Reliability (R=10).

Considering the minor criteria:

Availability & Speed score well at 5/5, Preparation & Storage at 4/5.

However on Safety and Detectability, only the lowest score would be appropriate, giving a total score of only 31 (62%).

Detergent Death

The RP test for Hydrogen Sulphide (H₂S)

Criteria	Score
<i>Reliability</i>	<i>10/10</i>
<i>Peacefulness</i>	<i>3/10</i>
<i>Availability</i>	<i>5/5</i>
<i>Preparation</i>	<i>4/5</i>
<i>Undetectability</i>	<i>0/5</i>
<i>Speed</i>	<i>5/5</i>
<i>Safety</i>	<i>0/5</i>
<i>Storage</i>	<i>4/5</i>
Total	<i>31 (62%)</i>

Introduction to Drugs

- The Drug Overdose
- Drugs, swallowing and taste
- Drugs and Alcohol
- Drug Tolerance
- Slow Release (SR) & Enteric Coated (EC) Drugs
- Alternative Routes of Administration of Drugs
- Resuscitation
- Shelf Life of Drugs

Introduction

For many people, taking drugs or substances orally (by mouth) is the preferred way to end life. Substances taken in this way (eg. Nembutal liquid) require no special equipment. It is this simplicity that explains the appeal of this version of the Peaceful Pill. And with no need for any additional equipment, the death is more likely to be misinterpreted as a death from ‘natural causes’.

For example, a person with serious illness who dies from drinking Nembutal looks as if they have died in their sleep. Most examining doctors would sign the death certificate indicating that this was the natural death from their illness. If an autopsy is undertaken, the causative drug will be discovered, but autopsies are increasingly rare in situations where the attending doctor believes the cause of death is clear (see the final Chapter for a discussion of this).

Although taking a drug orally might seem to be the simplest way of obtaining a peaceful and dignified death, the method does require planning and a detailed knowledge of the substance to be used.

The Role of the Drug Overdose

Drugs are developed to provide a cure to an illness or to give relief from symptoms. *Human pharmaceuticals are never developed to end life.* Yet some drugs do cause death, especially if they are administered in ways that were not intended. The usual misuse is to exceed the suggested dose: 'the overdose'.

All drugs have side-effects (effects other than the purpose for which they are designed), and most side-effects are more pronounced when a drug is misused or taken in overdose. The most serious of 'side-effects' is death and drugs with this side effect are dangerous, unpopular and avoided if possible.

A drug that does cause death in overdose will always be unpopular and there will be a search to develop safer alternatives. So, while there are *some* drugs that do reliably cause death if misused, this number is small and decreasing as they are replaced with safer, modern alternatives.

For example, the barbiturate sleeping drugs, so popular in the 1950's, have now been replaced by modern, safer, non-lethal alternatives. The lethal tri-cyclic antidepressants have almost disappeared, replaced by safer serotonin-uptake inhibitors like Prozac, and pain-relieving lethal drugs like propoxyphene have already been replaced in many countries. The number of drugs that are of practical assistance to a person seeking a peaceful death decreases each year.

Drugs, Swallowing & Taste

A person wishing to die will need to consume a lethal quantity of their chosen drug. Such drugs are often bitter to taste. Taking a large number of tablets can also be difficult if a person has a problem with swallowing. Some diseases of the throat and oesophagus, and some neurological diseases like Motor Neurone Disease can so severely effect swallowing, that oral ingestion of drugs is simply not an option.

To avoid the bitter taste of the lethal dose, drugs are sometimes mixed with another substance. This approach is often unsatisfactory as mixing an unpleasant-tasting drug with another substance to disguise the taste, often results in an even larger volume of an unpalatable substance. Another option has been to spray the tongue and palate with a topical anaesthetic like Lignocaine. Anaesthetic sprays can work, but they are prescription items and require practice in administration.

The most effective method of successfully consuming the required lethal quantity of a bitter-tasting drug is to turn it into a liquid which can then be quickly drunk. This can be done by crushing tablets. Removing the gelatin covering of capsules and then dissolving the powder in a common solvent such as water is another option. Even if the drug does not fully dissolve, the powder can still be made drinkable by rapid stirring with a teaspoon so that it forms a suspension of the fine particles.

By keeping the volume of the liquid to be drunk to around 100ml (approx. 1/3 cup), only a few mouthfuls will be needed. Any bitter after-taste can then effectively be addressed by following up with another stronger tasting drink - usually alcohol (see Drugs & Alcohol).

Drugs & Alcohol

Alcohol is often used as a ‘supplement’ when drugs are used to end life. Alcohol serves several functions. Firstly, if the lethal drug is especially bitter, it will leave a prolonged unpleasant after-taste. Even when the drug is consumed in a few quick mouthfuls, a seriously ill person can find this taste quite distressing. Strong alcohol is an effective means of removing this after-taste. As this is to be the person’s last drink, a favoured spirit or liqueur makes sense. People can sip at their favourite Scotch or Baileys Irish Cream and the bitter taste will quickly disappear.

Secondly, alcohol can play a useful role in ‘potentiating’ lethal drugs. To follow a lethal drug with an alcoholic drink will usually enhance the drug’s speed of action and potency. This is

true of most of the commonly-used lethal, oral drugs.



Thirdly, alcohol is a useful calming agent (anxiolytic) in what is inevitably a stressful time. It is important that the alcohol is taken *after* the consumption of the lethal drugs so that there is no clouding of a person’s mind.

Note - if a person does not like alcohol, the person should not force themselves to drink it, especially if they find the thought distasteful. The drugs described in this book cause death with or without alcohol. The

most likely effect of excluding the alcohol is that the process will take longer. Liquid morphine (Ordine) can be used as a supplement/potentiator by people with an aversion to alcohol.

Drug Tolerance

Exposure to a particular drug over a prolonged period of time can often lead to the development of an insensitivity to that drug. If a drug is being taken for a particular medical purpose (eg. the relief of pain), one might find that after a while the same pain relief can only be obtained by increasing the dose. This is known as 'tolerance.'

Some drugs are particularly prone to this effect. One example is the body's response to opiates like morphine or pethidine. After taking morphine for even a short time, the effect of a particular dose will lessen with greater amounts being needed to achieve the same pain-relieving effect.

After a period 'off the drugs', one's sensitivity usually returns. This explains why people often accidentally die when taking illegal narcotics like heroin. A person who regularly uses heroin soon develops a tolerance for it. If they are unable to continue taking the drug - perhaps because their supply has broken down or perhaps they have spent time in an institution - they will redevelop their sensitivity. When a new supply becomes available, their greater sensitivity increases the likelihood of accidental death (see the Chapter on the 'opiates' for further discussion).

Tolerance to a particular drug can be an important factor when choosing a drug to end one's life. If a seriously ill person has

Introduction to Drugs

been taking a drug for some time and has developed a tolerance for this particular drug, the necessary ‘lethal dose’ for the drug can be higher than that usually quoted.

Slow Release (SR) & Enteric Coated (EC) Drugs

Some drugs are treated in a way so as to effect the rate or manner with which they are absorbed into the human body. Examples include ‘Slow Release’ and ‘Enteric Coated’ forms of the pharmaceutical.

Drugs packaged in a way that allows a slow, steady absorption from the gut into the blood stream are called ‘Slow Release’ and often given the initials ‘SR’. Some drugs that provide a peaceful death are available in SR forms. That said, one should be aware that these forms of the drug are usually *less effective than standard preparations*. Let us explain why.

A drug’s lethal efficacy usually depends on a rapid rise in the level of the drug in a person’s blood (ie. at a rate that is



Typical SR Morphine tablets

too fast for the body’s normal excretion mechanisms to operate effectively). Slow Release forms of a drug *do not* cause a steep rise in the blood level of the drug. Crushing or dissolving the drugs before consumption is unlikely to alter this. *Powdered, slow release drugs are still slow release*. Morphine (NOT the best end of life drug - see Chapter 10) is often prescribed in slow release tablet forms to ensure long periods of pain control, and is less effective in this form.

Enteric Coating (EC) is a way of treating some pharmaceuticals so that the active ingredient passes to a more receptive part of the gut before being absorbed into the bloodstream. Examples of EC drugs include those that may be partially destroyed by the strong acid environment of the stomach, but yet are stable, potent and readily absorbed in the alkaline duodenum and upper small intestine. Drugs with Enteric Coating will inevitably slow the release of the drug in question and are best avoided. Some anti-emetic (anti-vomiting) drugs come in EC forms.

Alternative Routes of Administration of Drugs

Stomach PEGs & Nasogastric (NG) Tubes

People who have difficulty swallowing sometimes have a surgical procedure that allows for the introduction of liquid food directly into the stomach. This feeding tube is inserted through the wall of the abdomen and is called a percutaneous endoscopic gastrostomy (PEG tube) or ‘stomach peg’.

The administration of drugs is often easier for a person who has a peg. There are no concerns with a drug’s bitter taste, vomiting, or the person’s ability to swallow the required lethal quantity of the drug. For a person with a PEG, a drug can be injected directly into the stomach.

Nasogastric tubes are used to provide fluids to a person who is having difficulty swallowing. This temporary procedure sees a small diameter tube positioned through the nose and down the throat into the stomach. It is possible to deliver fluids directly into the stomach through such a tube. Lethal drugs given in this way need to be in liquid form.

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Intravenous Drugs

Drugs can also be delivered directly into the body through a needle or cannula that is placed into a vein. Drugs delivered by this route must be liquids. The procedure of inserting a needle into a vein requires a degree of expertise and this can be difficult for people who have not had medical or nursing training.

The speed of action of any drug administered in this way is much greater than for those administered orally. The rapid effect of such administration can occasionally cause difficulty. For example, if a person decides to inject the drug themselves they may lose consciousness before the required dose has been delivered.



Intravenous drug
administration

To ensure that the full lethal dose is administered intravenously, a bag of saline can be used. The saline bag is attached to a cannula through a standard intravenous 'giving set'. The drugs can be added to the saline where they will continue to flow, even if consciousness is lost. Although there is always the risk that the intravenous access will be lost if the cannula is mechanically dislodged.

One advantage of intravenous administration is that it extends the range of drugs that can be

used. Some drugs that are not well absorbed through the gut when taken orally (potassium for example), can cause death when administered intravenously.

Rectal Administration

Drugs are occasionally also administered rectally using suppositories, or by direct infusion (enema). This is usually done if there is difficulty swallowing or if vomiting is a problem. Some lethal drugs can be quickly absorbed in this way. Rectal administration can provide a means of proceeding if there are intractable difficulties associated with oral administration.

Resuscitation

The act of taking a lethal drug does not generally result in an immediate death. Rather, the time that elapses from consuming the drugs until death, depends on a number of factors. This time in between administration and death can occasionally lead to failure.

Some drugs or substances, when taken orally, act very quickly. In some cases, speed of death *can be* an important factor. Such as when a spy takes a suicide pill to prevent interrogation or torture. For example, Hermann Goering took a cyanide pill in his cell the night before he was due to be executed. Although Goering was being watched very closely, his death was so quick that resuscitation was impossible.

A very rapid death - Goering-style - is rarely a consideration for a seriously ill person. Rather the readers of this book are more likely to think of a peaceful death as dying in one's sleep.

Introduction to Drugs

Drugs that put you to sleep before they cause your death are, understandably, those most preferred.

However, the time spent asleep before death can vary greatly. The longer the time, the greater the likelihood of being disturbed (and resuscitated). To reduce the risk of this, drugs that bring about sleep, loss of consciousness, and death shortly after are the priority. This is one clear advantage of the barbiturate, Nembutal, is that sleep will occur within minutes of consumption of the drug and alcohol. Death usually follows within the hour. Other drugs discussed in this book, however, have a much longer 'window period'. For example, the window period for the propoxyphene/oxazepam combination may be a matter of hours. Because of this, carefully planning may be needed to reduce the chance of discovery during the time between the drugs have been taken and death has been realised.

The possibility of unwanted intervention is why it is wise to take lethal drugs in the evening. If a deeply-unconscious person is ever found before death, this can present a significant



Resuscitation

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problem, not only for the person attempting to die but for the person tasked with, or who accidentally, finds them. Even if the discoverer is aware of the unconscious person's plan, he/she must do something to protect themselves.

It would not be acceptable, for example, to claim in the morning that you noticed that your friend or partner was unconscious but that you decided to 'just leave them'. If the dying occurs at night time, however, the would-be discoverer might argue that they had been asleep and been unaware of what had taken place.

If an ambulance is called, the discoverer will also be protected. It is important to remember that paramedics will usually likely attempt to resuscitate an unconscious person, despite the fact that this may thwart their wish to die. Generally speaking, ambulance paramedics are generally under no legal obligation to abide by a person's Advance Medical Directive (AMD) (Living Will/ Do Not Resuscitate (DNR) notice). Rather, paramedics will say that these issues 'can be sorted out at the hospital.' (For more discussion about the pros and cons of AMDs and role of emergency workers see my first book - *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill*.)

Another way for the discoverer to protect themselves is to call the family physician (rather than an ambulance). The physician should be aware if a AMD exists and can avoid initiating resuscitation without risking legal repercussions. A doctor who knows the background may well begin a morphine infusion ('to make the patient comfortable'), and allow their patient to peacefully die.

The Shelf Life of Drugs

The shelf life of drugs - the time taken from manufacture to expiry date is referred to as the drug's - is an often discussed topic at Exit workshops. It is general knowledge that most drugs will be subject to some form of degradation over time. This may be brought about by chemical, physical or microbial breakdown. This is why all drugs now include an 'expiry date'.

Clearly, while a drug does not become ineffective after the stated expiry date, the loss of potency of a drug over time is something that drug companies are careful to notify their customers about. Just to be on the safe side. Despite the caution of drug manufacturers in this area, research shows that many drugs remain highly effective for many years after their expiry date.

For modern medicines, expiration dates are usually set for two to three years after the date of the manufacture of the drug. This is the case for veterinary liquid Nembutal which has a shelf life/ expiry date stamped on the side of the bottle. However, Exit research has shown Nembutal to be very effective many years after the formal expiry date.



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A further consideration in regard to drug shelf life concerns the form of the drug in question. For example is it liquid or powder as this too can effect its shelf life. For example, pills and capsules stored in their original, air-tight containers at cool room temperatures, free from humidity can be viable for around 10 years. This is much longer than the stated expiry date. The powdered form of a drug has similar longevity, especially if it is vacuum-packed (using a standard kitchen food vacuum-sealer) and kept in a cool place, away from the light. For drugs in liquid form, the shelf life is commonly shorter.

To determine if a drug has deteriorated, here are some common sense guidelines.

In the case of a liquid, the drug's appearance is important. One should check its colour and clarity (has it become cloudy?); particulate matter (are there tiny visible particles?); preservative content (if stated); sterility (has the bottle been tampered with or opened?) and whether the drug has interacted with its enclosure (bottle or lid?). If none of these signs are present, then the liquid in question is more likely to be viable, than if there were any visible signs of degradation.

If the drug is in tablet form, signs of degradation include the tablet's appearance, moisture content, hardness (has the tablet become as hard as a rock), friability (uncoated tablets), disintegration time (when placed in water) and uniformity of content. Again, any of these tell-tale signs may indicate chemical degradation.

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Of course, the only certain way of establishing whether significant degradation has taken place is by carrying out a chemical assay on the product. For drugs that are hard to obtain and difficult to replace with fresh samples, an assay makes a lot of sense. A detailed discussion on the testing of the purity and potency of Nembutal is given in a later Chapter.

Conclusion

This Chapter details some of the most important issues that should be considered by a person planning to use drugs to achieve a peaceful, reliable and dignified death.

Specific issues such as: drug preparation, administration, formulation, speed of action, resuscitation, and shelf-life apply to all drugs used to end life. An understanding of these issues will reduce any chance of failure. This Chapter should be read in conjunction with the following Chapters that detail the use of particular drugs.

Drugs and Vomiting

Drugs and Vomiting

Any substance taken orally can be vomited up, and concern about this can cause considerable anxiety. A person intending to die must take the full (lethal) amount, so it is important to ensure that vomiting does not occur. Some people are prone to vomiting, and some diseases can cause vomiting. In a minority of cases vomiting, or even the fear of vomiting, can be such a problem that it is not possible to use oral drugs.

To make matters worse, end of life drugs are often bitter. Their strong taste, especially in liquid form, can induce vomiting. This will inevitably slow gastric emptying and reduce the effectiveness of the drugs.

To minimize the risk of vomiting and to speed gastric emptying, an anti-vomiting ('anti-emetic') drug can be taken as a single dose. Alternatively the drug can be taken for a set period of time before the consumption of the lethal drug. Indeed, organisations like Dignitas in Zurich, who provide oral Nembutal for those wanting to die, *insist* that an anti-emetic be taken prior to the lethal barbiturate. There is a number of anti-emetic drugs that can be used for this purpose, although they are often controlled/prescription drugs. Be aware that it may be necessary to fabricate a reason when asking a doctor to prescribe them for you.

An additional point is that all anti-emetic drugs have side effects. Some can be serious. If you have never taken these anti-emetics before it would be wise to take a test dose of the planned drug prior well ahead of your dying day. This way any allergies and hypersensitivities to a particular anti-emetic occur can be taken into consideration in your overall planning.

Drugs and Vomiting

Some of the anti-emetics commonly used in conjunction with end of life drugs are shown in the following table which also states common drug names, available pill size, doses, recommended regime and possible side effects.

Antiemetic Drug	Common Names	Pill size	Dose & Regime	Side Effects
Metoclopramide	Maxolon etc	10mg	20-30mg/ 1hr prior	extra-pyramidal
Cannabis			Inhale/vape 5-10mins prior	
Domperidone	Motilium	10mg	10 -20mg 1hr prior	minor extra pyrimidal
Prochlorperazine	Stemetil etc	5mg	10 - 20mg 1hr prior	extra-pyrimedal
Ondansetron	Zofran	4mg	8mg 30min prior	seratonin syndrome
Dimenhydrinate	Dramamine	50mg	100mg 30 min prior	anti-cholinergic



Metoclopramide as Maxalon

Metoclopramide

Metoclopramide is the most commonly-employed anti-emetic used with end of life drugs. Common brand names include Maxalon and Pramin. This drug performs two useful actions: a) it prevents nausea and vomiting by blocking dopamine, and b) it increases the absorption of the lethal drug by facilitating gastric emptying. The usual regime is to take 3 x 10mg tablets (30mg) about an hour before the planned ingestion of the lethal drug.

An alternative form of administration is to take the drug for 48 continuous hours prior to the planned death at the usual 1 tablet (10mg) every 8 hours (ie x3 per day). Note - this regime removes the need to synchronise the taking of the metoclopramide with the taking of the lethal drug. It also serves to uncover any possible adverse effects of the drug leaving time enough to seek an alternative, if necessary.



Note - The dopamine-blocking action can lead to significant side effects in some individuals, including neurological movement disorders (extrapyramidal symptoms), eg. spasm, jerks, rigidity, and tremor etc which may make this drug unusable.

Note - Although the drug is usually prescription-controlled, it is also available over the counter some countries such as in Mexico. Some online distributors of Nembutal provide metoclopramide tablets as an added extra with each purchase.

Drugs and Vomiting

Cannabis

Recent reports to Exit have talked of the usefulness of cannabis as an anti-emetic. When administered through smoking or vaping, the effect is almost instantaneous. The drug



also has additional useful anxiolytic properties. Note - Oral ingestion is slower, more erratic and not recommended.

Domperidone

Motilium is the common brand-name of the drug Domperidone. Domperidone is useful as a dopamine-antagonist anti-emetic. It also facilitates gastric-emptying and drug absorption.



Domperidone is supplied as 10mg tablets. The suggested end of life regime is to take two tablets (20mg) an hour before taking the lethal drug. Although a dopamine-agonist, the drug doesn't easily cross into the brain (the blood brain barrier). As a consequence, Domperidone has a significantly lower risk of neurologic (extra-pyramidal) movement-related side effects.

Note - This drug is not available in the US.

Prochlorperazine

Prochlorperazine is another dopamine-antagonist with significant anti-emetic properties. Common brand names are Stemetil and Promat. Marketed as 5mg tablets, a useful end of life regime is 2 tablets (10mg) taken an hour before the lethal medication.



This drug readily crosses into the brain and has a propensity for sedation and extrapyramidal movement-related symptoms. These side effects can limit the drug's usefulness and a test dose should be taken before considering this as your chosen end of life anti-emetic.

Ondansetron

Ondansetron is also a very effective anti-emetic that acts as a serotonin antagonist. The most well known brand name is Zofran. Zofran



is most known for its use in controlling nausea associated with chemotherapy. This drug is marketed as 4mg or 8mg tablets. A suitable end of life regime is to take one or two tablets (4mg - 8mg) one hour before the lethal drug.

Ondansetron can have serious side effects, occasionally giving way to 'serotonin syndrome'. This syndrome brings palpitations, flushing and agitation. Such side-effects may limit its use. In the absence of these side-effects, the dose can be increased to up to 5 tablets if nausea is a particular problem.

Drugs and Vomiting

Dimenhydrinate

Dimenhydrinate is an over-the-counter 'combination' anti-emetic which can be of use in end of life situations, especially if other anti-emetics are hard to obtain. Common brand names include Dramamine and Gravol. Marketed as 50mg tablets, for use in the end of life



context, 1 - 2 tablets should be taken an hour before ingesting the lethal drug.

While Dimenhydrinate is readily available, it can occasionally give rise to a number of unpleasant (anti-cholinergic) side effects. Note - This drug readily crosses into the brain. In larger doses, it can cause distortions in sight, sound, and perception, even confusion and amnesia. For this reason a prior test-dose is recommended.

Discussion

Unless there are specific questions of hypersensitivity or allergy or evidence of significant side-effects, the anti-emetic Metoclopramide is the recommended end of life anti-emetic. The suggested dose for Metoclopramide is independent of the type or quantity of the lethal drug to be used. That is, the dose is independent of whether the drug is to be taken as a stat dose (30mg at one time) or over a continuous 48 hour period (10mg 3x/day for 2 days).

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If significant neurological side effects are noticed with metoclopramide, it is advised to switch to Domperidone or Ondansetron (Zofran).

To obtain some of these anti-emetic drugs, a prescription is necessary, so be prepared to fabricate a story for your medical practitioner. Stories might include the need for an anti-emetic because of a planned sea cruise. If you provide the real reason - that you need an anti-emetic so as not to vomit up your end of life drugs - you will be unlikely to get a positive response!

If problems of access do develop and you find yourself unable to get Metoclopramide, why not settle for over-the-counter Dramamine, or relax with some good quality cannabis! Note - Testing for side-effects first is always advised.

Note - If, after using your chosen anti-emetic, vomiting does occur, even if only a small amount, the plan to die must be abandoned. This is because it is impossible to know what quantity of drug remains in your stomach. Because of this it would be dangerous to proceed.

It is advised to move quickly and initiate further vomiting. Place your fingers down the throat to physically induce vomiting. It is critical to remove as much of the ingested lethal drug as possible. Follow this procedure by drinking a large amount of water. Try to rest until the fraction of the lethal drug ingested has been processed. When things calm, select an alternative suitable date in the future.

If vomiting, or fear of vomiting persists, it may be necessary to look at other end of life methods. The use of an inert gas like nitrogen - which involves - no need to swallow and no risk of vomiting - may prove more suitable.

Drug Options

Morphine and the Opioids

- The Role of Opiates and Opioids
- The Dual problems of Sensitivity and Tolerance
- The Opiate Antidote – Naloxone
- Morphine
- ‘Slow Euthanasia’ - The Doctor’s Loophole
- How Slow Euthanasia Works in Practice
- Problems with Slow Euthanasia
- Using Heroin to End Life
- The New Synthetics – Fentanyl & Carfentanil
- Opioid Summary
- The Exit RP Test for Opioids

The Role of Opiates and Opioids

The opiates are naturally occurring compounds that originate from the sap of the poppy, *papaver somniferum* and include drugs like morphine and codeine. Opioids are all drugs with morphine-like effects and include semi-synthetic products derived from morphine: drugs like heroin and codeine, along with a number of fully synthetic compounds like pethidine, methadone and fentanyl. These compounds all effect the opioid receptors in the brain and are generally used for the control of strong pain. Other effects include respiratory depression and sedation. It is this combination of sedation and respiratory depression that give this class of drugs a potential for use to end of life.

Morphine and the Opioids

While morphine is the commonest example used in medicine, many other opioid drugs are regularly prescribed as analgesics, including drugs like hydromorphone and oxycodone. The illegal drugs of heroin and carfentanil are opioids. The goal is the easy administration of a single dose of drug to bring about a peaceful and reliable death. Yet all opiates have properties that make them difficult drugs for a person to use to reliably end their life.



Fig 10.1: Greek god Morpheus, god of dreams, with Iris.

The Dual Problems of Sensitivity and Tolerance

The difficulties of using opioids to reliably end life are well can be demonstrated using morphine as an example.

The biggest problem associated with taking opioids is predicting the effect of a particular dose. There is remarkable individual variability in sensitivity to these drugs within the normal population. People who are similar physically (same height, weight, sex etc) can have a vastly different response to the administration of the same dose of a drug.

A small opioid dose may have almost no effect on one person, while that same dose could kill another person. Predicting the effect of the drug on an individual is difficult. When these drugs are used clinically, where accidental death would be disastrous, the rule of thumb has been to ‘start low and go slow’ until the individual’s sensitivity to the drug is established.

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Another difficulty with opioids is the rapid development of tolerance when the drugs are taken for any period of time. Within days, the dose of the drug that initially had a powerful effect on a person's pain can, can become almost ineffective.

To obtain the same pain relief the dose must be increased. If these drugs are taken over a long period, very large doses might be needed to provide adequate pain control. Yet these required doses can become so large that if they had been taken before the person's tolerance had developed, death could well have been the result.

It is this development of tolerance, and its rapid loss once the drugs stop, that often leads to the accidental death of people who self-administer opiates, especially heroin. If there is a break in supply and the acquired tolerance is lost, a sudden resumption may result in an unexpected fatal overdose.

The Opioid Antidote

Another important consideration for a person thinking they might use opioids to end life, is the ready availability of the fast-acting and effective antidote, naloxone. Naloxone competes with the opioids for the receptors in the brain, displacing any of the opioids that are present. Naloxone can rapidly reverse the effects of the drug. People close to death from respiratory failure brought about by a lethal dose of opioid can be rapidly resuscitated when naloxone is administered by injection (or by nasal spray). In the 2016 presidential election, Hillary Clinton announced a policy to make naloxone nasal spray readily available as one part of her policy in dealing with illegal drugs in the US.

<http://www.alternet.org/drugs/hillary-clinton-drugs>

Morphine and the Opioids

Anyone using an opioid to bring about a peaceful and reliable death needs to be aware of the existence of the antidote, Naloxone.

Morphine

Morphine is commonly prescribed as a slow release (SR) tablet. MS Contin and Kapanol are marketed forms of morphine. These tablets may be taken once or twice a day. They are designed to slowly release the morphine in order to give 'background' pain control. For the onset of sudden (breakthrough) pain, a fast-release form of the drug such as 'Ordine' (liquid morphine) is often prescribed.

Many very sick people receive these pain drugs in the context of serious illness. Sometimes these very sick people will go to great lengths to stockpile morphine tablets, believing that they can acquire a lethal dose. The problem is, knowing how many morphine tablets to accumulate is like asking the length of a piece of string.

A single dose of SR tablet morphine may cause death, but the result is often unpredictable. The fast-acting liquid morphine may be a more effective form of the drug, but the problems of sensitivity and tolerance remain.

For these reasons it is difficult to recommend morphine as stand-alone, single-dose, oral agent to provide a reliable death.

Morphine does, however, have a role as a supplementary or potentiating agent, (ie. a drug taken to enhance the effectiveness of another drug). While alcohol is the usual potentiating agent, for people who do not drink, liquid morphine can be a good alternative.

Slow Euthanasia - The Doctor's Loophole

Morphine plays a major role in the practice of 'Slow Euthanasia' (or the 'Doctrine of Double Effect' as it is often called). In a country where assisting a suicide is an illegal act, slow euthanasia is the only way a doctor can hasten the death of a patient and escape any legal consequence.

Known commonly as the 'doctor's loophole' slow euthanasia allows a doctor to end a patient's life by slowly increasing the amount of a pain-killing drug. In the eyes of the law it doesn't matter if, in the course of treating a person's pain, the person dies. As long as the stated primary intention is the treatment of the person's pain, the doctor is legally safeguarded. Yet it is the administration of the pain-relieving drug that causes the double effect; it relieves pain but it also causes death.

While slow euthanasia is relatively common, few doctors admit their involvement. Even while administering slow euthanasia, some doctors will argue that they are only treating the patient's pain. Others know exactly what their 'prime intention' is, but wisely decide to keep quiet about it. Others just prefer not to think about it too closely.

It is a pity that this practice is so cloaked in secrecy. Clearly, it would be better if there were open and honest communication between the medical system (represented in the doctor and health care team), the patient and the patient's family. However, in jurisdictions where laws are in place that make it a serious crime to hasten a patient's death, but make it no crime at all to aggressively treat pain, there is little prospect of change.

Morphine and the Opioids

How Slow Euthanasia Works in Practice

A doctor practicing slow euthanasia usually gives a narcotic analgesic (morphine), while periodically reviewing the patient's pain. The claim is then made that treatment is inadequate, and the morphine dose needs to be increased.

If this review takes place every 4 - 6 hours, morphine levels will rise. Eventually, lethal levels will be reached and the patient will die. The doctor will defend their actions by saying that they were trying to control the patient's pain. Death, they will argue, was an unplanned consequence of either the patient's disease or the necessary treatment for the pain.

Opioids

Natural

Opium
Morphine
Codeine

Semi Synthetic

Oxycodone
Heroin

Synthetic

Pethadine
Methadone
Fentanyl



Fig 10.2: Table of common opioids and a 200ml bottle of 10mg/ml 'Ordine' liquid morphine)

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It can often take days for the levels of morphine to become high enough to cause death. It is important for the doctor's legal safety that the process is slow. Indeed, it is the length of time taken that gives credibility to the argument that there was effort put into establishing 'just the right dose' of morphine.

If, for example, a single large dose of morphine was administered and death resulted, it would be almost impossible for the doctor to argue that their prime intention was the treatment of the patient's pain. Slow euthanasia is necessarily slow; it must be, to safely exploit this legal loophole.

Another way of understanding the process of slow euthanasia is to consider the link between cause and effect. The time taken for the morphine to end life muddies the water and blurs the connection between the cause (the commencement of morphine) and the effect (the patient's death). By blurring this link, a doctor can help a patient die and escape the legal consequences.

Slow euthanasia has a number of features that limit its appeal to a patient. Firstly, it is the doctor who is in control. While a patient might ask for this form of help, it will be the doctor who decides if and when it will be provided. Just because you - the patient - feel that now is the right time to begin the process, there is no guarantee that the doctor will agree.

The doctor may say that you should wait; wait until you become sicker, perhaps until your haemoglobin drops a few points, or your respiratory function tests deteriorate further. The sicker you are, the safer it is for the doctor to go down this path. If the doctor disagrees with you and thinks the 'best time' to help should be several weeks away, there is absolutely nothing you can do about it.

Morphine and the Opioids

Another drawback of slow euthanasia is the restriction on the range of drugs that a doctor might use to help a person die. The doctor's defense must be that they were treating the patient's pain (as opposed to causing death). This is why a pain-relieving drug like morphine must be used.

A doctor could not, for example, administer a large dose of a barbiturate. While a barbiturate might provide the most peaceful and quickest death, barbiturates are not pain-relieving drugs. A claim that a barbiturate was being used to treat pain makes no sense.

The use of morphine by doctors to end life has led to the common community misconception that the best drug to use to end a person's life is morphine - it must be. That's the drug that doctors use! This unfortunate misunderstanding leads to many failed suicide attempts.

'Double M' Therapy

For a person to die of a medically-administered morphine overdose, the process must be slow. Indeed, slow euthanasia can often take days or even weeks. Often the patient is given a sedative that keeps them asleep through the whole process; midazolam is the drug of choice.

Coupled with morphine, this morphine - midazolam mix (known as 'Double M' therapy) places the patient in an induced coma for the time needed to raise the morphine level sufficiently. Double M therapy allows the patient to sleep through their own death and gives rise to another name for the process - 'pharmacological oblivion.'

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The doctor still makes the assessment about the need for larger and larger morphine doses. Here the decision is based upon a clinical assessment of the unconscious person, not on the patient's complaints about their pain.

In slow euthanasia, the doctor also chooses the place of death. It is unusual for slow euthanasia to take place in a patient's home. Usually it occurs in an institution, commonly a hospital or hospice.

In an institution, a team is often involved in providing care and several doctors might participate in the relentless increase of the morphine. This further blurs the link between cause and effect. This makes the process even safer for the medical staff involved. While slow euthanasia could take place at the patient's home, in practice this presents many logistical difficulties. The doctor would need to make many visits, perhaps several a day, to facilitate the relentless increase in drugs.

Also full nursing care is required; an unconscious patient needs to be moved regularly and watched constantly to ensure the flow of drugs is not interrupted. This is often an extremely difficult time for those close to the patient as they find themselves participating in this deliberate, slow death watch.

For these reasons, few people opt for slow euthanasia as their preferred choice for a peaceful, dignified death. More commonly, it is an option of desperation, when few alternatives exist. In such dire circumstances, if a doctor does offer to help (usually through a nod, a wink and an understanding), patients will grab the chance, reasoning correctly that this is better than nothing.

Morphine and the Opioids

Those who are left often see this as an example of a doctor helping someone to die. This leads to the commonly expressed view that there is no need for euthanasia legislation. People say ‘I can’t see what all the fuss is about with assisted suicide – it goes on all the time – doctors are always helping people to die.’

It is as well to remember that ‘what goes on all the time’ is the grim process of suspending a sick person by a thread between life and death for an arbitrary time, until the thread breaks.

That is slow euthanasia!

In Exit’s internal polling of over 1000 of our supporters, less than one percent (0.3%) of members said that they would prefer slow euthanasia compared to a Peaceful Pill (89%). Slow euthanasia is, therefore, one of the least-preferred methods of dying, and one that is usually avoided when other options exist.

Given a choice, people prefer to have control of the dying process. This is not the case with slow euthanasia. It is relatively rare to find someone who wants to spend their last days in a drug-induced coma. When people decide that their suffering is so great that death is preferable, they want their passing to be quick.

This is why slow euthanasia is almost always an option of last resort. It is the method accepted when nothing else is on offer, and the only alternative is relentless and ongoing suffering.

Another unfortunate consequence of slow euthanasia is the common belief that morphine is the best drug to end life. This reputation is undeserved and comes from the almost-universal use of morphine (or other opioids) in slow euthanasia, where doctors have little choice.

While a single overdose of morphine may cause death, individual sensitivity and tolerance to these drugs make this an uncertain and unpredictable process. Morphine is best used to do the job it is designed to do, control strong pain. There are better euthanasia options available.

The Use of Heroin

Exit is occasionally asked about whether heroin can be obtained from ‘the street’ and used to end life. These questions are often prompted by media reports of people dying from a heroin overdose. In reality, there is little to be gained by using heroin.

As an opioid, heroin suffers from the same problems of tolerance and sensitivity discussed above. In addition, there is the question of the uncertainty of the dose with heroin. Because it has been acquired on the streets, one can never be exactly sure what or how much one has actually purchased. It also needs to be injected intravenously. In Exit’s experience, few elderly and seriously ill people have these skills.

Note: If heroin is taken orally, it turns back into morphine in the gut and offers no advantage over prescription tablet morphine, where at least the exact dose is known.

Morphine and the Opioids

The New Synthetics – Fentanyl and Carfentanil

The opioid fentanyl was first synthesized in 1960 by Belgium researcher, Paul Janssen. This drug and a number of structural analogues, including sufentanil, lofentanil and carfentanil were found to have a strong agonist effect on the opioid receptors in the brain and were immediately recognized as powerful analgesics. Fentanyl, the first to be marketed commercially as an analgesic is ~ 100x more potent than morphine, carfentanil, developed to sedate large animals, 10,000x more potent. In 1984, the Food and Drug Administration (FDA) declared all fentanyl analogues to be Schedule I substances (completely illegal and useless for medical purposes).



Fig 10.3 Schematic representation of the varying potency of different opioids

Fentanyl is a powerful fast-acting opioid prescribed for the control of strong pain. It is rapidly metabolised in the body by the (Cytochrome P450) liver enzyme and excreted. Indeed, this rapid breakdown of the drug means that the drug can sometimes be difficult to detect at post mortem. The oral ingestion of the drug results in lower plasma than that obtained by other available means of the drug's administration (transdermal, intravenous, buccal, or even as an aerosol (as used in 2002 in the Russian theatre hostage crisis, see: <http://rense.com/general31/opi.htm>

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Products that interfere with the enzymatic breakdown of the drug can significantly (and dangerously) increase blood levels of the drug. For example, the taking of grapefruit juice ‘may result in a potentially dangerous increase in fentanyl plasma concentrations. This can, in turn, increase or prolong adverse drug effects and may cause potentially fatal respiratory depression’. See: <http://www.empr.com/clinical-charts/pharmacological-effects-of-grapefruit-juice-with-medications/article/207375/>

Marketed forms of fentanyl include ampules for intravenous administration (eg a 10ml ampule containing 0.5 mg fentanyl) and skin patches with various delivery rates (eg 0.1mg in an hour).



Fig 10.4 Commercial ampoule of Fentanyl Citrate 0.5mg in 10ml

The analogue carfentanil is even more potent than fentanyl and is not marketed as a pharmaceutical product. It is only available illegally.

Morphine and the Opioids

Both fentanyl and the analogues have potential for use as end of life drugs. The narrow therapeutic index (the dosage range in which the drug is an effective analgesic) and the small quantities needed for lethal depression of respiratory function are important factors. A lethal dose of fentanyl is as little as 3mg when taken intravenously. However, larger quantities will be needed for reliable lethal oral administration unless metabolism slowing steps (eg the drinking of grapefruit juice) are adopted. For carfentanil, even smaller doses will end life.



Fig 10.5 ~3mg of Fentanyl citrate powder

These drugs retain some of the sedative properties of morphine and the death from these drugs can be painless and quick. The rapid metabolism of these drugs may also give the possibility of undetectability regarding the cause of death.

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Difficulties in using fentanyl include the usual problems associated with all opioids of tolerance and sensitivity, although the (illegal) availability of the drugs in lethal amounts and the relatively small physical size of the lethal dose needed, reduces this problem. The availability of an effective antidote (naloxone) means that care should be taken to avoid interruption when taking fentanyl to die.

Legal Comment

Most prescription drugs (including fentanyl and morphine) can be lawfully possessed by a person if they have had it prescribed by a physician. Otherwise, the penalty for importing/ possessing drugs such as fentanyl (<0.005gm) and morphine (<2 grams) in Australia, for example, is up to 10 years imprisonment and a \$360,000 fine. The higher the amount of the drug possessed, the higher the penalties. Similar penalties apply for Heroin that is an Australian 'border controlled drug'.

In the UK, heroin, fentanyl & morphine are all Class A drugs with potential maximum penalties of life imprisonment for the upper end of importation. In saying that, data shows that the penalties normally range from 3 years for the less serious offences (having a lesser role in the importation or importing small amounts).

In the United States heroin is a Schedule I Controlled substance. The penalties for importing <100gms are up to 20 years imprisonment and a fine up to one million dollars. Penalties for the importation of >100gms range up to life imprisonment and fines of up to ten million dollars. Fentanyl and morphine in the US are Schedule II Controlled Substances and share the same penalties as Schedule I drugs listed above for lesser amounts. Larger amounts can mean life imprisonment.

Morphine and the Opioids

Conclusion

One final point on the opioids. If one does die taking these drugs, the death is likely to be very peaceful. Morphia is, after all, the goddess of dreams!

To recap, the problems common to all opioids include tolerance, sensitivity and the existence of an effective and fast-acting antidote. These issues make the use of the commonest opioids (eg morphine, heroin and methadone) less desirable than they may first appear. The purity of illegal heroin is also an issue of concern. The growing availability of the potent synthetics provides some new and effective options. Although, again, the question of purity of illegal fentanyl analogues is a problem.

The Exit RP Test for Opioids

The opioids range widely on the RP Test. When used as a drug and taken as a single dose by a person wanting to die, the difficulty of establishing the lethal dose of the slower opioids significantly reduces Reliability (Morphine 4/10, Fentanyl 8/10). Peacefulness, however, is very good (9-10/10).

Minor criteria scores are varied. Availability (3/5), sometimes morphine or fentanyl is readily available – eg if a person is suffering from a recognised painful disease. But the use of the opiates as drugs of addiction, and their place in the illegal narcotic trade, can also make them very difficult to obtain. Purity is always an issue with the illegal street opioids. Preparation is easy (5/5), although constricted ‘pinpoint’ pupils will often alert a medical officer to the presence of the slower opioids in the system (Undetectability = 2/5, 4/5 for Fentanyl).

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Death from morphine can also take some time, depending on one’s tolerance, and resuscitation. Frustration and failure can occur if someone intervenes and if the opiate antagonist naloxone is used (Speed = 2/5). There are no safety issues (Safety = 5/5). The drugs have a moderate shelf life (Storage = 3/5).

Exit RP Test - Opioids

Criteria	Score (Morphine)	Score (Fentanyl)
Reliability	4/10	8/10
Peacefulness	10/10	9/10
Availability	2/5	3/5
Preparation	5/5	5/5
Undetectability	2/5	4/5
Speed	2/5	3/5
Safety	5/5	5/5
Storage	3/5	3/5
Total	33 (66%)	40 (80%)

Propoxyphene

Introduction

A useful, lethal drug, still prescribed in a handful of countries, is 'Propoxyphene'. The drug is marketed under various names and used as an oral analgesic (pain reliever). If prepared in a certain way, and taken in combination with a common benzodiazepine sleeping pill such as oxazepam (Serepax), propoxyphene will provide a reliable, peaceful and dignified death.



Fig 11.1 Propoxyphene capsules (Doloxene)

Propoxyphene

The Various Forms of Propoxyphene

Propoxyphene is marketed under a number of names, examples include Darvon, Doloxene, and Depronal.

Regardless of its name, the key necessary ingredient is propoxyphene – either as the hydrochloride or napsylate, and it is important that the drug labels are read very carefully. In some video segments included in this chapter the name Doloxene is used to refer to propoxyphene.

Propoxyphene capsules have only one active ingredient (dextropropoxyphene napsylate). However, the drug propoxyphene is often marketed in combination with other common analgesics such as paracetamol (acetaminophen) and marketed as Di-Gesic (Darvocet).

These combination products are of limited use. Taking a large amount of the associated drug can complicate the process. The ingestion of a substantial quantity of paracetamol (acetaminophen) for example may well lead to death, but it would not be regarded as particularly peaceful.

Note: With the withdrawal of the barbiturate sleeping tablets from the medical prescribing list, Doloxene has become the most common doctor-prescribed medication used by seriously ill people to end their lives. Recently, the unique properties of Doloxene have begun to attract attention; first in the UK, then New Zealand and more recently in the US and Canada where it has now been removed from the prescribing schedule.

When is Propoxyphene Prescribed?

Propoxyphene (dextropropoxyphene napsylate) is almost always available from a doctor on prescription, where it is used for pain management. Propoxyphene is usually prescribed when over-the-counter pain relievers prove inadequate and when other, more common prescription pain-relievers (eg. Panadeine Forte or Tylenol-Codeine - a mixture of paracetamol and codeine) prove unsatisfactory.

Propoxyphene can be used whenever there is a need for general pain relief. Before their removal in 2010 in the US (and Canada), propoxyphene and combinations were the 12th most prescribed generic drug (Public Citizen, 2006)

How Lethal is Propoxyphene?

Propoxyphene has a very narrow therapeutic margin. The difference in dose between that providing analgesia and that causing death is small. Like the opioids, the outcome from a particular dose can be difficult to predict, but this drug produces a cardiotoxic metabolite when it breaks down which increases its usefulness as a self deliverance agent.

When another drug, the readily-available, non-lethal sleeping tablet, oxazepam, is added, along with alcohol, the result is certain. Exit has no reported failures from this combination.

As the reputation of propoxyphene has grown, so script sizes have been reduced. The standard packaging number for propoxyphene is now 50 capsules. All capsules contain the same 100mg of dextropropoxyphene napsylate.

Propoxyphene

If 10gm of dextropropoxyphene napsylate powder is obtained from 100 capsules and taken with 10 or more moderately, long-acting sleeping tablets like oxazepam, death will follow.

Propoxyphene is usually prescribed at the rate of 4-6 capsules per day (400 - 600 mg) to deal with pain. Ten grams of the drug would provide around 2 to 3 weeks of pain control.

The Role of Oxazepam

Oxazepam (Serepax) is a moderately long-acting, non-lethal sleeping tablet. Another moderately long-acting sleeping tablet often used in combination with propoxyphene is nitrazepam (Mogadon). These modern sleeping tablets are members of a drug class known as benzodiazepines and when taken by themselves are not usually lethal, even if taken in large amounts. When taken in combination with propoxyphene, oxazepam or nitrazepam reinforce the effect of a propoxyphene and a lethal combination is the result.



Fig 11.2: The common sleeping tablet - oxazepam (Serapax)

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Note: Duration of action of the benzodiazepine is important - shorter acting drugs like temazepam are not recommended.

When is Oxazepam Prescribed?

Well known as sleeping drugs, oxazepam and nitrazepam are available on prescription from a doctor. They are prescribed for insomnia (when a person is unable to sleep). Oxazepam is usually prescribed in packets containing 25 sleeping tablets, which come in two sizes, 15mg and 30mg.

People using propoxyphene, often take a full packet of 30mg oxazepam tablets as the supplement.

Using Propoxyphene

The drugs are taken sequentially. Prepare the propoxyphene by pulling apart 100 x 100mg capsules (or cut them open with scissors) and empty the 10gm white dextropropoxyphene napsylate powder into a glass. In another glass place 10 or more 30mg oxazepam tablets and cover them with water.

It is wise to take an anti-emetic (eg metoclopramide) either as a single stat dose or for 48 hours before the planned death. After having something light to eat, add enough water to the 10gm of propoxyphene powder so that stirring allows the drug to be drunk. Note: the napsylate does not dissolve in the water, stir with a spoon and then drink the suspension of particles. Stir the second glass with the oxazepam and water till this also can be taken as a drink.



Fig 11.3: 100mg pink Propoxyphene Capsules

Alcohol is useful to take away the bitter drug after-taste and will speed the process. Sit comfortably. In 10 - 20 minutes sleep will occur and death will follow usually in 4 - 6 hours.

Shelf Life of Doloxene

Propoxyphene has a relatively long shelf life. Prescribed capsules have an expiry date stamped on each card and this is usually 2 or 3 years into the future. Although this provides only a rough guide, in the absence of any available testing of the drug, it is the only indication one has. Capsules that have reached their expiry date should be treated with caution (See earlier Chapter on discussion on shelf life).

Propoxyphene

The Future of Propoxyphene

Propoxyphene faces an uncertain future. The withdrawal of the drug from the prescription schedule in the UK in early 2005. The drug has also been withdrawn in the European Union, the US, Canada and in New Zealand. In November 2010 the FDA announced that the drug would be also removed from the US market.

See: <http://nyti.ms/9iPzgD>

At the time of press, propoxyphene is still available on prescription in Australia, Mexico and a range of South American and Asian countries.

Legal comment

Not surprisingly, both Propoxyphene and Oxazepam can be lawfully possessed if they have been prescribed by a physician. While Oxazepam is a widely prescribed drug, only in Australia is Propoxyphene still able to be prescribed. In Australia, maximum penalties for the importation of Propoxyphene and Oxazepam are no more than 3 times the value of the import or \$180,000 (whatever is the greater maximum penalty).

In the UK, Propoxyphene and Oxazepam are Class C drugs with maximum penalties of 14 years imprisonment for importation and an unlimited fine limit.

In the US, importers of Propoxyphene will generally face up to one year imprisonment and a \$1,000 fine. Oxazepam is a Schedule IV controlled substance the importation of which holds the importer liable for up to five years imprisonment and a \$250,000 fine.



Fig 11.5: Propoxyphene powder ready for mixing with water



Fig 11.6: 10gm propoxyphene ready to drink

RP Test for Propoxyphene

Propoxyphene scores well on the RP Test. Exit has no confirmed reports of failure and it rates 9/10 for Reliability. The time before sleep occurs is longer than other drugs like Nembutal and this can cause anxiety. Peacefulness (7/10).

In the minor categories: Availability is listed at 4/5. Most people who set out to get this drug will acquire it. Remember though that if the drug is withdrawn, availability will drop to zero. Preparation is more complicated than with other ingestibles (Pr=3/5). The drug is undetectable - unless there is an autopsy, although constricted pupils may cause suspicion (D=3/5). The process is slow (Sp=2/5) the drug presents no risk to others (Sa=5/5). The drug has a moderate shelf life (St=3/5). Total 36 or 72%

RP Test for Propoxyphene

Criteria	Score
<i>Reliability</i>	<i>9/10</i>
<i>Peacefulness</i>	<i>7/10</i>
<i>Availability</i>	<i>4/5</i>
<i>Preparation</i>	<i>3/5</i>
<i>Undetectability</i>	<i>3/5</i>
<i>Speed</i>	<i>2/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>3/5</i>
Total	36 (72%)

12

Amytriptyline

Introduction

Amitriptyline is the most useful in a class of drugs known as tricyclic antidepressants (TCAs). These drugs can be lethal if taken in a certain way.

The TCAs date back to the early 1960s where they established themselves as useful antidepressants. However, their narrow therapeutic margin (the dose needed for therapy as an antidepressant and that which is toxic is close) meant that there were dangers in prescribing these drugs, especially to depressed people, from either accidental or intentional overdose.

Their implication in a large number of deaths from overdose meant that other classes of safer antidepressants such as the serotonin re-uptake inhibitors (SSRI) like fluoxetine (Prozac) found favour and largely displaced the TCAs.

Since this time the TCAs have undergone something of a resurgence for the treatment of intractable neuropathic pain (such as trigeminal neuralgia) and migraine.

Amitriptyline

Using Tricyclics for a Peaceful Death

The drugs have several characteristics that make them useful as reliable and lethal drugs. In particular they exhibit cardiotoxic and central nervous system (CNS) effects. CNS symptoms include sedation and coma, but it is the cardiotoxic effects that reduce cardiac output, lower blood pressure and disrupt cardiac rhythm that bring about death.

The toxic effects are accentuated if the drug is rapidly absorbed from the gut and this occurs in the alkaline environment of the small intestine. Preparation as a drink facilitates this, as does the use of an anti-emetic like metoclopramide (Maxolon) which speeds gastric emptying.



Fig 12.1 The tricyclic antidepressant amitriptyline

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Amitriptyline is one of the most sedating of the TCAs and particularly useful as a lethal drug. The drug is marketed as Endep or Elavil tablets. The amount required is 8gm.

Preparation of Amitriptyline

The drug is usually packaged as tablets in 10, 25, 50 or 100mg amounts (Fig 12.1) and is usually supplied in packets of 50 tablets. Two packets of 100mg tablets is (100 x 100mg) or 10gm of the drug.

For a peaceful death, open the blister packs and place 200 of the 50mg tablets in a glass. Add enough water to cover the drug and with gently agitation allow the drug to dissolve.



Fig 12.2 Amitriptyline with metocloptamide, oxazepam and Gin

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Take 6 x 10mg metoclopramide tablets and wait 40 minutes before drinking the dissolved amitriptyline. Follow this with 10 or more benzodiazepine sleeping tablets, then finish by taking alcohol to potentiate the action of the drug, and take away the bitter drug after-taste.

Note: Although amitriptyline is a strong sedative and sleep will quickly result, it is common to include a benzodiazepine sleeping drug after taking the amitriptyline and before the whisky. Serapax (oxazepam) is useful. A full card (20 x 30mg tablets) can be crushed, mixed with water and taken as a drink after the amitriptyline.

Once the drink has been consumed, settle back and take the alcohol. The drug cocktail will work quickly inducing sleep in about 15 minutes. Sleep will then deepen as consciousness is lost and the cardiotoxic properties of the drug bring about death. This period can vary and it is a good idea to have prepared a situation where there is no likelihood of disturbance for a period of up to 24 hours. (Fig 12.2 & Video)

Legal comment

The penalty for importing Amitriptyline into Australia ranges from 12 months to five years imprisonment and a fine of up to \$720,000 depending on whether there is a risk of harm if used.

In the UK, Amitriptyline is not listed as a controlled drug and can be legally imported in no more than a 3 month's supply, as long as it is for personal use only.

Drug Options - Amitriptyline

In the US, there are some strict requirements that allow medications to be imported for personal use. If these don't apply then there is the potential for a penalty of up to one year's imprisonment and a \$1,000 fine to be imposed. Although, in saying that, so long as the supply is a small amount for personal use then US Customs officers seem to allow the medication to be imported.

How does Amitriptyline score on the RP test?

Reports of failure using this regime are rare, and it rates 8/10 for Reliability. The time before sleep occurs is longer than with the barbiturates and this can cause anxiety. Peacefulness (7/10).

In the minor categories: Availability 3/5. It can sometimes be a difficult drug to acquire. Preparation is more complicated than with other ingestibles (Pr=3/5). The drug is undetectable - unless there is an autopsy.

There is nothing about the death that suggests the use of this drug - the person looks as though they have died of a cardiac arrest (which they have - D=3/5).

The process is however slow (Sp=2/5) and the drug has a moderate shelf life (St=3/5). The drug presents no risk to others (Sa=5/5).

Total 34 or 68%

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RP Test for Amitriptyline

Criteria	Score
<i>Reliability</i>	<i>8/10</i>
<i>Peacefulness</i>	<i>7/10</i>
<i>Availability</i>	<i>3/5</i>
<i>Preparation</i>	<i>3/5</i>
<i>Undetectability</i>	<i>3/5</i>
<i>Speed</i>	<i>2/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>3/5</i>
Total	<i>34 (68%)</i>

Chloroquine

Introduction

This under-rated and useful end of life drug is making something of a comeback since it was first promoted by the French suicide manual *Suicide Mode d'Emploi* in 1982. The ready availability of this anti-malarial, either online or over-the-counter in many countries, has contributed to its growing use as a means of providing a reliable death. Cambodian despot, Pol Pot, is believed to have used chloroquine (in conjunction with Valium) on the eve of the announcement by the Khmer Rouge that they planned to hand him over to international authorities for trial.

First synthesised in the 1930s as a substitute for naturally produced quinine, the drug was found to be effective against malaria. However, its widespread use was delayed until after the Second World War, because of concerns over the drug's narrow therapeutic range. Blood levels for effective treatment are in the order of 0.02-0.5 mg/l. However, toxic symptoms have been reported with as little as 0.5 - 1.0 mg/l, and levels of >3.0 mg /l are often fatal.

Chloroquine

Packaging & Availability

The drug is commonly marketed as ‘chloroquine phosphate 250mg’ and comes in blister packets of 20 tablets. Brand names include ‘Avlocor’. When for sale online, a purchase of these tablets will often require the completion of a questionnaire. A vacation to an area where malaria is present, but not chloroquine resistant malaria (CRM) (eg. Peru, Bolivia or other countries west of the Andes) is an excellent reason why one would purchase chloroquine phosphate.



Fig 13.1: Blister pack 250mg Avlocor (chloroquine phosphate) tablets

Dosage

Quantities in excess of 5gm will constitute a lethal blood level of the drug. 250mg chloroquine phosphate tablets have ~150mg of active chloroquine base, so anything in excess of 2 packets (40 x 250mg tablets) would be a lethal dose.

Administration

The drug is taken by mouth whereby it is rapidly and completely absorbed from the gut. Administration involves crushing 50 tablets and then dissolving them in 100ml of water. This method will lead to rapid absorption. However, this small drink will be extremely bitter.

Note: If there are significant concerns over the bitter taste of the drug, the tablets could be crushed into a powder and then repackaged into '00' or '000' gelatine capsules (See the previous Chapter on Cyanide).

The first symptoms of overdose will take place within 30 minutes of ingestion. Death will usually occur within 1 - 3 hours. Drowsiness and dizziness quickly progress to loss of consciousness and shock. Death follows from cardiac arrest.

The Use of Potentiating Drugs

The use of benzodiazepines to potentiate the lethal effect of many drugs has in the past been advised (eg oxazepam or diazepam with propoxyphene or chloral hydrate). However, in the case of chloroquine, this is not needed. The reported protective effect of Valium (diazepam), in particular, has been the

Chloroquine

subject of considerable debate. However, the medical literature reveals that the administration of Valium in cases of severe overdose is a *life-saving* measure. For this reason, intercurrent use of benzodiazepines should likely be avoided.

This is not to say that other drugs cannot be usefully used to increase the lethal effects of chloroquine. For example, alcohol, along with respiratory depressants (barbiturates) or cardiac inhibitors (B blockers) can serve this purpose.



Fig 13.2: Chloroquine Phosphate Tablets

Legal comment

In the UK, Chloroquine can be purchased over the counter at a pharmacy and legally imported in no more than a 3 month's supply if for personal use.

In Australia, Chloroquine, like Amitriptyline, is a Schedule 4 prescription-only medication although it is not listed as a border controlled drug nor restricted within the Customs Regulations. However, the penalties for importation without a medical range from 12 months to five years imprisonment and a fine up to \$720,000, depending on whether there is a risk to harm if used.

In the United States there are some strict requirements that allow medications to be imported for personal use. If these don't apply then there are the possible penalties for importation of up to one year's imprisonment and a \$1,000 fine. However, as long as the supply is in an amount usually considered for personal use then US Customs officers seem to allow the medication to be imported.

Other Drugs - Chloroquine

The RP Test for Chloroquine

The drug scores well on reliability, speed and availability, but relatively poorly on peacefulness.

RP Test for Chloroquine

Criteria	Score
<i>Reliability</i>	<i>8/10</i>
<i>Peacefulness</i>	<i>5/10</i>
<i>Availability</i>	<i>5/5</i>
<i>Preparation</i>	<i>3/5</i>
<i>Undetectability</i>	<i>3/5</i>
<i>Speed</i>	<i>3/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>4/5</i>
Total	<i>36(72%)</i>

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Insulin

Introduction

There has been a lot of recent interest in the use of Insulin to provide a peaceful death. Reasons for this are easy to understand. In developed nations there is a huge growth in the numbers of people with Type 2 diabetes, and a corresponding increase in the number of people with ready access to this drug. An additional factor is the common chronic complications that often accompany severe forms of this disease. These symptoms can often so limit a person's quality of life, that the option of a peaceful death is sought. This drives interest in the use of this drug.

What is Insulin & is it effective?

Insulin is a substance produced in the pancreas that controls sugar levels in the body. If the pancreas fails (type 1 diabetes), or if the insulin produced fails to have the expected effect (type 2 diabetes), blood sugar levels (BSL) rise and disease results. Synthetic insulin can then be used to drive down the BSL to normal levels.

Insulin

However, if an overdose of this drug is taken, the blood sugar can be pushed dangerously low, and diabetic hypoglycemic coma and death result.

A hypoglycemic death from Insulin overdose, where the brain is starved from sugar, can be relatively peaceful. Initial symptoms of confusion and incoordination (often confused with drunkenness) can lead on to a rapid loss of consciousness.

Significant problems using Insulin

The biggest problem with using the drug in this way is that Insulin must be injected. As yet there are no oral forms of the drug. The problems of intravenous administration have been described in the former Chapter about different aspects of drugs. Although



Fig 14.1: Typical subcutaneous Insulin administration

insulin can also (and usually is) given by subcutaneous injection, trying to administer an excess of 1000U of the rapid acting form of this drug, by the subcutaneous method can be practically impossible.

The other issue is that the growing number of people with access to this drug have the form of the disease where their bodies are unresponsive to the drug (Type 2 diabetes). While 1000U administered rapidly might peacefully end the life of a non-diabetic, those with the disease need to be much more careful.

In theory, one can pre-sensitise oneself, by taking alcohol (which restricts the body's emergency release of sugar), fasting, and by the administration of a significant dose of oral hypoglycemics before the insulin is injected. (eg ~50mg Glimepiride), the risks and uncertainties of the administration of a large subcutaneous injection remain.

Legal comment

In the US, insulin can be imported if it is being prescribed and is for personal use. Outside of these circumstances, the penalty for importation is up to one years imprisonment and a \$1,000 fine. In Australia, Insulin is a Schedule 4 prescription-only medication. With medical authority from a doctor, a three month's supply of



Fig 14.2: 'NovoRapid' rapid acting insulin ampoule, 1000U in 10ml with 0.5ml syringe for subcutaneous administration

NOTE: 20 full syringes would need to be quickly injected to administer 1000U

Other Drugs - Insulin

insulin can be imported. If these requirements are not met, penalties for importation range from 12 months to five years imprisonment and a fine of up to \$720,000.

In the UK Insulin is also not listed as a controlled drug and can be legally imported for personal use in no more than a 3 month's supply.

Conclusion

In summary, Insulin is not reliable enough to recommend if subcutaneous injection is the only method of administration available.

The RP Test for Insulin

Insulin scores poorly at 60%, having a questionable reputation in the mjr indices of reliability and peacefulness. Insulin is difficult to prepare, administer (it must b given by injection) and to store (refrigeration is required), however as the drug is injected, the speed of action is quick.

RP Test for Insulin

Criteria	Score
<i>Reliability</i>	<i>5/10</i>
<i>Peacefulness</i>	<i>5/10</i>
<i>Availability</i>	<i>3/5</i>
<i>Preparation</i>	<i>2/5</i>
<i>Undetectability</i>	<i>2/5</i>
<i>Speed</i>	<i>5/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>3/5</i>
Total	30 (60%)

Chloral Hydrate

Introduction

One of the earliest known sedatives, chloral hydrate has developed a reputation over the years as a useful end of life drug. Its continued availability (often requiring a medical prescription) has led to a number of questions on Exit Forums about the drug's usefulness as an agent for a peaceful and reliable death). This information is summarised here.

The drug was first synthesised in 1832 by chlorinating alcohol in acid and shortly after this the drug's sedative properties were realised. Its solubility in alcohol saw it being used as an early form of 'knockout drops' or date-rape drug. The drug's infamous use as the so called Micky Finn in Chicago's Lone Star Saloon in the early 1900s drew attention to its possible use as a drug to peacefully end life.

Chloral Hydrate still finds some use as a pre-operative sedative agent, often used in paediatrics, as a means of settling the child before surgical or dental procedure. It is marketed as a syrup, usually in the concentration of 100mg/ ml, or as gelatine capsules

Chloral Hydrate

In the 200ml bottle shown, there would be 20gm of chloral hydrate. Purchase of the drug in most countries is restricted by prescription. Home manufacture of chloral hydrate is however relatively easy.

The lethal dose of chloral hydrate is subject to some debate, but generally 0.25gm/Kgm is the figure quoted. This means that for an 80Kg individual, a full bottle of the syrup shown would need to be drunk, something that would seem impractical. However, the solubility of the drug in alcohol and the synergistic effect of the alcohol/ chloral hydrate combination does lead some to consider this as a viable option for a peaceful death. Other drugs that can usefully enhance the lethal action of chloral hydrate include the benzodiazepines (such as oxazepam/ serapax).

The sedative effects take place after 15 - 20 minutes post ingestion, death is usually caused by persistent interference with cardiac conduction, cardiac insufficiency associated with arrhythmia and associated cerebral death. Cardiac pacemakers are contraindicated.

Note also, that the drug in more concentrated forms causes irritation to the lining of the oesophagus and stomach, irritation that can lead to vomiting, scarring, even perforation. Dilute forms of the drug are preferable, but this of course pushes up the volume that needs to be drunk. If capsules are used, water should be drunk beforehand.

Legal comment

In Australia, Chloral Hydrate is a Schedule 4 prescription-only medication that can be imported legally in certain circumstances.

In the UK, Chloral Hydrate, like Insulin, is not listed as a controlled drug and can be legally imported in no more than a 3 month's supply so long as it is for personal use only.

In the US, Chloral Hydrate is a Schedule IV controlled substance. The penalty for the unlawful importation of Chloral Hydrate is up to five years imprisonment and a \$250,000 fine.



Fig 15.1: 200ml bottle of Chloral Hydrate syrup (1gm/10ml)

Chloral Hydrate

Conclusion

While there are much better oral drug options available, if you do elect to use this drug, ensure that you have sufficient (dilute) quantity (>20gm). Also, take an anti-emetic like metoclopramide 40 minutes before the chloral hydrate. The drug needs to be taken with alcohol, along with other potentiators such as benzodiazepines.

The RP Test for Chloral Hydrate

Chloral Hydrate has a questionable reputation in the mjr indices of reliability and peacefulness, and scores poorly at 60%.

Criteria	Score
<i>Reliability</i>	<i>5/10</i>
<i>Peacefulness</i>	<i>5/10</i>
<i>Availability</i>	<i>3/5</i>
<i>Preparation</i>	<i>3/5</i>
<i>Undetectability</i>	<i>2/5</i>
<i>Speed</i>	<i>3/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>4/5</i>
Total	<i>30 (60%)</i>

The Lethal Drug Mixtures

Background

By 2017, there were six States in the US with laws that allow the prescribing of lethal drugs that the terminally ill may take orally to end their lives under special circumstances. This increase in the number of States was accompanied by a rapid rise in the cost of the barbiturates, long considered the best drugs for a peaceful death. The steep increase in the price of barbiturates in the US and Canada has not been duplicated in the European countries with end of life legislation, where the barbiturate Nembutal remains the drug of choice.

With the French manufacturer of Nembutal refusing to export the drug to the US for the purpose of execution, the supply restriction led to a steep cost rise for this drug, and for an elective death the price reached a prohibitive ~\$20,000. The second most suitable barbiturate, Seconal, manufactured by the Canadian company Valeant, also underwent a steep price rise, and by early 2015 was costing ~\$1500/ death.

This led to pressure in the US to develop a cheaper alternative to the barbiturates, and in 2014, activist doctors in Washington State developed a new '3-Drug Protocol' as a cheap alternative. Although effective, difficulties experienced in swallowing the drug combination led in late 2016 to an improved '4 Drug protocol', also known as 'DDMP'. These mixtures are now in common use in the US for those using assisted suicide legislation.

* Exit acknowledges the assistance of Drs Robert Wood, Carol Parrot and Sally McLaughlin for providing detail on the mixed drug protocols

Lethal Drug Mixtures

The 3 and 4-drug combinations are comprised of readily available pharmaceuticals and can be taken orally without medical assistance to provide an effective elective DIY death. This Chapter provides details of these newly-developed protocols.

* For more background see: <http://khn.org/NjgyNzc3>

The 3-Drug Protocol

The three drugs involved in the so-called 3-drug protocol are Morphine Sulphate, Chloral Hydrate and the (slow but available) barbiturate, Phenobarbital. The drugs and the quantities required are shown in the diagram below.

3 Drug Protocol

- Chloral Hydrate 20gm
- Phenobarbital 20gm
- Morphine Sulphate 3gm



The ingredients in the 3-Drug Protocol

The Peaceful Pill eHandbook

Of these three drugs, morphine sulphate is the most difficult to source, given the restrictions on this addictive opiate. The sample pictured (sourced from the now-closed dark web drug market place 'Silk Road') contains 50 x 60mg tablets, or the 3gm of morphine sulphate required.

The second drug, Chloral Hydrate, is a sedative that has been in existence for many years and can be used as a lethal solo drug (see the Chloral Hydrate Chapter in this *Handbook*). Usually sourced on the Internet as a liquid, the bottle pictured has a concentration of 1gm/ 10ml, so the 200ml bottle would contain the required 20gms,

The final drug is the barbiturate, Phenobarbital. This slow-acting barbiturate is still prescribed as an anti-convulsant and can also be used as a solo end of life agent (see reference to Phenobarb in the 'Taking Nembutal' Chapter). The drug shown was sourced over the Internet. The illustration shows 200 x 30mg tablets, making a total of 6gm of the drug. Three or more bottles would be required for the necessary 20gm.

NOTE: Do not confuse *phenobarb* with *pentobarb* (Nembutal)

Using the 3-Drug Mixture.

With a mortar and pestle, the Phenobarb is crushed and then mixed with the crushed Morphine Sulphate tablets. Once the 200ml of Chloral Hydrate is added, the mixture should be stirred well before being drunk quickly.

Note: There are common reports of an unpleasant burning sensation at the back of the throat from the Chloral Hydrate. An anti-emetic, taken an hour before drinking this mixture is also recommended, . The suggested protocol is 2 x 10mg Metoclopramide tablets, along with 2mg of Haloperidol to increase relaxation, and enhance the anti-emetic properties of the Metoclopramide.

Lethal Drug Mixtures

The 4-Drug Protocol (DDMP)

Although effective, reports of difficulty with swallowing the 3-Drug mix has led to the further development of a 4-Drug or 'DDMP' protocol. In this drug mixture, Chloral Hydrate is replaced with the cardiac drug Digoxin, and the sedative Diazepam (Valium). The morphine sulphate remains and the *B*-Blocker, Propranolol, is added.

All of these drugs can be sourced on the Internet. Note, it is likely that Morphine will be the most difficult of the four drugs to obtain, and for DDMP, 10gm of morphine are required.

The required drugs are show below:

- 10gm of morphine
- x50 of 10mg tablets Valium (total 500mg)
- x25 of 80mg tablets Propranolol (total 2gm)
- x2 bottles (or 200 tablets) Digoxin (total 25mg)

4 Drug Protocol

- Diazepam (Valium) 500mg
- Digoxin 25mg
- Propranolol 2gm
- Morphine Sulphate 10gm



The components of the 4-Drug 'DDMP' Protocol.

Preparation and Use of the 4-Drug Protocol

Shortly before use, all the tablets are crushed and mixed together. The powder is then mixed with water, juice or one's preferred alcohol. The drink is then swallowed quickly as a suspension. While there is now no burning associated with the Chloral Hydrate in the 3 drug regime, the low (acidic) pH of the mixture may still give rise to an unpleasant taste. When the mixture is professionally (and legally) sourced from a compounding pharmacist, buffering agent is added to bring the pH up to a neutral 7. Note: The absence of the buffering agent does not effect the efficacy of the mixture.

A stat anti-emetic of 20mg of Metocloptamide and 2mg Haloperidol is advised to be taken one hour before using the 4-drug protocol.

Effectiveness of the Combination Drug Mixtures

A good deal of experience has now been gathered using these drug mixtures in the US, and the results show that they form a reliable, effective and cheaper alternative to the barbiturates.

The drug mixtures are a little slower than the barbiturates, with the average time of 7 min from ingestion to loss of consciousness (cf 5 min with Nembutal). For the 3-Drug protocol, the mean time to death is just under one hour, slightly slower for the 4-Drug protocol (cf Nembutal at ~ 20mins).

On some occasions, death took considerably longer, leading researchers to warn of several situations where these mixtures should not be used. These include for people with a history of using high levels of narcotic analgesics, those with a high alcohol intake, the morbidly obese, and those with uncontrolled nausea and vomiting.

Lethal Drug Mixtures

The cost savings for those in the US or Canada are likely to remain a determining factor - see diagram.

	Lethal Drug Option	Approximate US Cost
Option #1	Nembutal	~US\$20,000
Option #2	Seconal	~US\$4000
Option #3	Morphine, Phenobarb, Chloral Hydrate	~US\$500
Option #4	Morphine, Valium, Digoxin, Propranolol	~US\$600

Relative costs of the barbiturates and the 3 & 4 Drug protocols

The RP Test for the 4-Drug protocol (DDMP)

The 4-Drug protocol represents a reliable and peaceful (and cost effective) alternative to the barbiturates. Preparation is more involved, and the storage of the ingredients requires care. Availability scores better than Nembutal, however speed is slower. The result? A very credible 82%.

Criteria	Score
<i>Reliability</i>	<i>10/10</i>
<i>Peacefulness</i>	<i>9/10</i>
<i>Availability</i>	<i>4/5</i>
<i>Preparation</i>	<i>3/5</i>
<i>Undetectability</i>	<i>4/5</i>
<i>Speed</i>	<i>3/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>3/5</i>
Total	41 (82%)

Drug Options - Nembutal

I am hoping to get access to your 'peaceful pill' – not for immediate use, but to have on hand should my health deteriorate too much in the future. Arthur, 77 years

Introduction

The barbiturate Sodium Pentobarbital is the drug that comes closest to the concept of the Peaceful Pill. Exit defines the 'Peaceful Pill' as a pill, tablet or mixture that can be taken orally and that is guaranteed to provide a peaceful, dignified death at a time of one's choosing.

A Short History of Barbiturates

Sodium Pentobarbital or Nembutal as it is commonly called is an important and historically significant drug. Although Nembutal is one of over 50 barbiturate derivatives to have been used medically, it is the drug of choice when it comes to dignified, peaceful dying.

All Barbiturates are derivatives of barbituric acid which was first synthesized by Adolph von Bayer in 1864. A 'condensation' of malonic acid and urea, barbituric acid is said to have acquired its name after St Barbara's Day (4 December) - the day on which it is believed to have been discovered.

Nembutal



TOPS IN TASTE, COLOR APPEAL AND MISCIBILITY

New improved
NEMBUTAL® Elixir
 (PENTOBARBITAL, ABBOTT)

OFF WITH THE OLD, ON WITH THE NEW—and the new in this case is an attractively colored, better-tasting NEMBUTAL Elixir. It's much less viscous than the old product, too, and it readily miscible with other medication.

SWEETENED to a large extent with SUCARYL® Sodium, Abbott's non-caloric, heat-stable sweetening agent, the new NEMBUTAL Elixir is a decided improvement over the old, which was a good product in itself and a leader in its field for 15 years. The new Elixir is not delicious, of course, but considering that it contains a barbiturate, it is palatable. Adults and children can take it straight without any difficulty. When flavored with water or fruit juices, its taste is hardly noticeable.

ONE TEASPOONFUL (1 fl.oz.) represents 15 mg. (1/4 gr.) of short-acting NEMBUTAL. So, in equal oral doses, no other barbiturate combines *quicker, briefer, more profound effect*.

COMPATIBILITY of the new Elixir is superior to the old. It can be mixed with vitamin complex elixir or syrup, aluminum hydroxide gel, belladonna tincture, codeine sulfate, DORSOXYN® Elixir, ephedrine hydrochloride or sulfate, hyoscyamus tincture, Milk of Thistle®, potassium iodide, sodium salicylate, Vi-DAYLON® and many other types of medication. It can be given with infant's formula or whole milk and will withstand heating. Pharmacies everywhere have the new NEMBUTAL Elixir in 1-pint shelf-saving and 1-gallon bottles.

FOR A GENEROUS SAMPLE
 of the new better-tasting NEMBUTAL Elixir, take a moment to fill in the enclosed business reply card.

Fig 16.1 Nembutal women's magazine advertisement from 1950's

Other historians have speculated that the discovery may have been named after the chemist's favourite barmaid, Barbara. Either way, the name stuck and barbituric acid has enjoyed an infamous history ever since (Mendelson, 1980). Barbituric acid was found to have no physiological effect and it took another 40 years before chemists, Emil Fischer and Joseph von Mering, discovered that the introduction of two additional side-arms onto the molecule produced a range of compounds with marked physiological activity. It was only then that it became known that the nature of the sedative, hypnotic, or anaesthetic properties of the substance were determined by the characteristics of the side-arms attached.

The first of these di-substituted barbiturates was Veronal. Here two ethyl side-arms were added to produce diethyl-barbituric acid a weak hypnotic/ depressant which was marketed by the Bayer company as 'Veronal' in 1904. This was followed by phenobarbital (Luminal) in 1913. While barbituric acid is a German discovery, during the First World War when German shipping was blockaded, American chemists made use of the 'Trading with the Enemy Act,' to copy the work of the Germans and manufacture their own modifications of barbituric acid.

Barbiturate Sleeping Pills

In the first half of the 20th Century, barbiturates were manufactured around the world, with production peaking in the 1950s. By then there were more than 20 marketed forms of barbiturates, with most sold as sleeping tablets.



Fig 16.2: Pentobarbital (Nembutal) sleeping tablets

Along with the original Veronal, there was Barbitol, Amytal, Seconal, Soneryl, Nembutal and several others.

While these barbiturates were highly effective sleeping tablets, a significant problem was the very serious side-effect associated with their overdose - death. This was found to be especially true if the pills were taken with alcohol. Many famous people have died - some deliberately, some inadvertently - from an overdose of barbiturates. Marilyn Monroe, Judy Garland and Jimmy Hendrix are a few.



Fig 16.3: Amylobarbitol (Amytal) sleeping tablets

Barbiturates as Drugs of Abuse

In the 1960s, the image of barbiturates suffered further when they were found to be useful mood-altering drugs. At this time, the depressant effect of the drugs was exploited. By carefully adjusting the dose, a desirable soporific and tranquil state could be achieved and they became known as ‘downers.’ As downers, barbiturates would often be intermixed with ‘uppers’ - drugs like amphetamines. This type of usage led to a set of slang street terms for these drugs such as ‘Pink Ladies’, ‘Yellow Bullets’, ‘Peanuts’ and ‘Dolls’ (from Barbie dolls) (Mendelson, 1980).

With only a small margin of safety in dose between the desired sleep, euphoria and death, there was considerable danger associated with the prescription of these drugs. History shows they fell out of favour with the medical profession once newer, safer sleeping tablets became available.

The Advent of Non-barbiturate Sleeping Pills

The first of the new class of sleeping drugs (the benzodiazepines) was diazepam (Valium), which became available in the early 1960s. These drugs were welcomed by the medical profession as a safe alternative to the barbiturate sleeping tablets. At this time there were many prescribed forms of barbiturates on the market but with the introduction of these new benzodiazepines, the use of the barbiturates steadily declined.

By the mid 1990s, there was only a handful of barbiturate sleeping tablets left; amylobarbitol (Amytal) and pentobarbitol (Nembutal). Nembutal was withdrawn with little notice in 1998 with Amytal following suit in 2003. Today, the only barbiturate commonly prescribed by doctors is the slow-acting Phenobarbitol. This drug still finds a niche in medicine as an anti-convulsant, but is a poor substitute to the specific barbiturate sleeping tablets in providing a reliable, peaceful death.

Barbiturate Use in Veterinary Practice

The veterinary use of the barbiturates has persisted. Nembutal, in particular, is used as an agent for euthanasia. A large dose delivered intravenously, quickly and peacefully ends an animal's life. This green-dyed form of the drug, known as Lethabarb or Valabarb, is also known as 'the green dream.'

A sterile form of Nembutal has also persisted as a useful complete anaesthetic agent that can quickly render an animal unconscious for surgery. Pentobarbital continues to play a role in veterinary practice to this day even though its use by the medical profession has all but disappeared. A development that has led to a resurrection of these outdated drugs is their increasing use as the drugs of choice for voluntary euthanasia (and state-sanctioned executions in some states of the US).

Nembutal in Countries where Assisted Dying is Legal

Nembutal is the drug of choice in countries where VE and Assisted Suicide are legal and is used in The Netherlands, Belgium, Switzerland and the various US states.

When the *Rights of the Terminally Ill Act* was passed in the Northern Territory, I had the challenge of deciding which drug or substance would produce the most humane, peaceful reliable death.



Fig 16.4: The 'Deliverance' euthanasia machine

After much research and consultation - a process that even saw us seeking information about the drugs used for execution in the US - a decision was made to sanction the use of a large intravenous or oral dose of Nembutal.

Nembutal

The four people who died using the *ROTI Act* all injected themselves with Nembutal (with the help of the Deliverance Machine, now on display in the British Science Museum).

See: [http://en.wikipedia.org/wiki/File:Euthanasia_machine_\(Australia\).JPG](http://en.wikipedia.org/wiki/File:Euthanasia_machine_(Australia).JPG)

While these people could also have simply drunk the liquid Nembutal, each preferred intravenous administration. When delivered in this way, loss of consciousness is almost immediate (seconds), with death following a short time later.

Drinking Nembutal is often the preferred option and means no other person need be involved in administration. For example, in the state of Oregon in the US, a doctor is only allowed to *prescribe* as opposed to *administer* a 10 gm oral dose of barbiturates to a patient. The patient must drink the drug themselves. In Switzerland, too, it is the client who must administer the drug him/her self. In Holland and Belgium, it is lawful to provide barbiturates as an injection to a dying patient. The drug used in each these places is Nembutal.



Fig 16.5:
Sterile veterinary
Nembutal

How Barbiturates Work

Barbiturates effect the action of the brain chemical GABA in that they enhance the effect of GABA on the brain, and may even act in its place. GABA slows the activity of the brain. Enhancing its action causes sedation and sleep. In larger doses, the barbiturate may even replace the GABA in the brain. An overdose of a barbiturate can depress brain function so severely that respiration ceases and the person dies.

As discussed above, the depressant effect of barbiturates can be useful in counteracting the irritability and paranoia that can result from the use of amphetamines. Barbiturates have also been reported to be effective in alleviating the symptoms of heroin withdrawal. In the 1960s, injecting drug users were reported to have substituted barbiturates for opiates like heroin and methadone if such drugs were not available.

Available Forms of Nembutal

For human use, Nembutal was extensively marketed as sleeping tablets or capsules in the 1950s & 1960s. Even though Nembutal disappeared off the market over a decade ago, many people have old stocks which are still potent. One hundred of these capsules (100 x 100mg = 10gm of barbiturate) is a lethal dose.

Barbiturates are also well absorbed rectally and some countries have marketed forms of suppositories. 'Nova Rectal' in Canada is one such example. Sterile ampoules of injectable Nembutal for intramuscular and intravenous administration as a hypnotic, anti-convulsant and pre-operative sedative still find a small place in medicine in some countries including the US.

Nembutal

The veterinary forms of the drug are also still used in either the sterile injectable form for anaesthesia, or a non-sterile form (Valabarb or Lethabarb) for animal euthanasia.

The sterile form of this veterinary barbiturate is marketed in small, sealed 100ml bottles that are protected with a metal seal. This metal cap makes tampering obvious. The Nembutal inside is a clear liquid with concentration of 60 mg/ml. Each 100ml bottle has a total of 6 gm of Nembutal - enough to provide a peaceful death.



Non-sterile coloured
veterinary Nembutal (Lethabarb)

Non-sterile Nembutal liquid ('Lethabarb') is used for animal euthanasia, is colour dyed for safety, and has a much higher concentration of barbiturate (300mg/ml). 30ml taken orally is lethal.

NOTE: Both these forms of the drug display labelling - '*For Animal Use ONLY*' and '*For Injection ONLY*'. But the Nembutal liquid is lethal when taken orally by humans.

Pentobarb & Phenobarb – Confusing Names

Nembutal is the commercial or trade name for the barbiturate whose chemical name is pentobarbital ('pent-o-barb-it-al'). This drug is different to another barbiturate called phenobarbital. Phenobarbital is a slow-acting drug, used predominantly as an anti-convulsant to stabilise people suffering from epilepsy.

While phenobarb can be lethal in overdose, it has a much slower action than Nembutal and is not an ideal method for self-deliverance. These two barbiturates should not be confused.

Sources of Nembutal

In most western countries there are now no medically prescribed barbiturate sleeping tablets. What remains in the public consciousness, however, is the belief that an overdose of sleeping tablets - any sleeping tablet – will cause death. This misconception leads to many failed suicide attempts as elderly or seriously ill people often stockpile, then take, large numbers of modern, non-lethal sleeping tablets.

Let us be clear. There is *no point* in asking your doctor for sleeping tablets if you plan to end your life. Tablets obtained this way *will not* be barbiturates and the drugs obtained will be unlikely, even in significant overdose, to cause death.

The commonest source of life-ending barbiturates in most western countries is the veterinary profession, and even this supply is likely to diminish in time. There is no legitimate or plausible reason for a vet to provide this drug to any member of the public. You can hardly tell your vet that you're planning to operate on the cat this weekend!

Nembutal and Veterinarians

Veterinary Nembutal has been used by vets to euthanase animals or as an anaesthetic in surgery for many decades. Before 1998, when Nembutal was still being prescribed by doctors, it may just have been possible to argue that your insomnia was so

Nembutal



Fig 16.7: Non-sterile veterinary

bad that only the rare and dangerous Nembutal could help you get a good night's sleep. But there is simply no excuse one can give a vet to obtain this drug!

If a vet were ever to provide Nembutal - knowing what the person has in mind - they could face a charge of assisting a suicide. De-registration and a prison term would be the likely consequence. In 2001 the Australian

Veterinary Board became concerned about the increasing use of veterinary Nembutal as a human euthanasia option and put out a warning to its members urging caution in the storage and use of the drug. (see *Veterinary Surgeons Board, 2003*).

Exit knows of only a handful of cases where seriously ill people have been able to obtain Nembutal from their Vet. When there is public mention of this possibility, the Veterinary Associations have reacted quickly denying the practice.

Moves to further restrict the use of veterinary Nembutal has meant that the anaesthetic form of the drug (see Fig 16.5) is becoming more difficult to obtain. This is the form of the drug favoured by those wanting it for their own use, comforted by the fact that it comes in a clearly-labelled sterile sealed bottles.

The non-sterile green dyed form is more concentrated than its clear counterpart. Marketed as Valabarb (Fig 16.7) or Lethabarb (Fig 16.6) the concentration of this type of pentobarbital is 300mg/ml (five times higher than in the sterile anaesthetic form). A single 30ml sample will contain 10gm of Nembutal and be lethal. This non-sterile green liquid needs to be decanted from

a larger 500ml bottle. If drunk it can stain the lips and tongue. With such staining it is unlikely that an attending doctor will cite natural causes on the death certificate.

A Case Study in Nembutal

When asked about Nembutal at Exit workshops, I tell people that it can be very handy to know a vet. Some time ago, I was making a clinic visit to the bedside of Harry, a dying patient. With his wife at his side Harry asked me about ‘the best drugs’, the ones that would let him peacefully end his own life.

I explained that the ‘best’ drug was Nembutal, but that this was only available from a vet. ‘How many vets do you know really well’ I asked, ‘ones that will risk jail helping you?’ His silence answered my question, and we went on to talk about other more easily available, but less effective, drugs.

After the visit, I left the bedroom and had a cup of tea in the kitchen with Harry’s wife, Esme. Tentatively she said, ‘you know when you asked about knowing a vet?’ I looked at her, confused. She went on ‘well, I knew a vet, very well indeed.’ I waited, not knowing what was to follow. She continued. ‘In fact, some time back I had an affair with a vet. My husband knows nothing about it, and I want to keep it that way. But that vet owes me some bloody big favours and I’m going to call them in!’

A few weeks later, Harry died of his disease. I heard that Esme did indeed call in the favour, obtaining the 100ml bottle of liquid Nembutal. She told me that the bottle sat in the bedroom with Harry during his last weeks and that he drew immense comfort from knowing it was there. As he faced every new day, he was

reassured by the knowledge that if the day became too difficult, he could leave at any time. Indeed, the presence of the drug prolonged Harry's life.

The number of people who have a vet as their best friend, a friend prepared to risk jail for them is very small. There has only been a handful of occasions when I have seen help provided in this way, and Harry's was one of them. Perhaps the question put to patients should be rephrased, perhaps I should be asking 'have you ever had an affair with a vet?' When I told this story at a recent public meeting, one elderly woman shouted back 'I wish you'd told me that 40 years ago.'

Nembutal and the Black Market

Exit receives occasional reports of people paying a very high price on the black market for Nembutal. Desperate for the drug, some have paid over \$5000 for a single 100ml bottle of veterinary Nembutal. This same bottle would retail to a vet for less than \$50. Despite the huge potential profit to a dealer, Nembutal is rarely found this way. The usual laws of supply and demand that govern the illegal drug trade do not apply, as no one will ever want more than one bottle of this drug. Supply chains do not therefore develop.

The Nembutal that does find its way on to the street is usually in the form of the sterile veterinary liquid. It is presumed that it is obtained when veterinary clinics are broken into by people looking for tradeable veterinary steroids.

If the seal and labelling of a Nembutal bottle is intact and the expiry date not exceeded, the drug is likely to be effective.

Nevertheless, one is advised to test the substance if planning to use such sources. The Exit barbiturate test kit is available at: <http://www.exitinternationalstore.com>

The Exit Test Kit enables people who have acquired liquid Nembutal to self-test the drug.

Note: The 'Exit Spot Test Kit' provides qualitative evidence of the presence of the drug. The Max Bromson Quantitative Test Kit provides a test for purity (eg. drug concentration and strength) .

The Shelf Life of Liquid Nembutal

Event though most liquid Nembutal will have an expiry date of around two years, this is one substance that is known to remain effective for much longer. If stored in a cool place and kept in its sterile, sealed bottle, liquid Nembutal can be expected to have a shelf-life of many years.

A detailed discussion of the shelf life of both liquid and powdered Nembutal can be found in the following Chapters.

Nembutal - Summary

The barbiturate pentobarbital (Nembutal) is the best euthanasia drug and comes closest to the concept of the Peaceful Pill. In countries and states where it is lawful to help someone to die and any drug or substance could be used, the choice is always Nembutal.

Yet Nembutal is a hard drug to obtain with doctors in most western countries no longer able/ willing to prescribe the drug. Nembutal's restricted use by vets makes it increasingly difficult to access.

However, Nembutal can be obtained from overseas, in South America, SE Asia, and in powdered form from China. The next chapter gives a detailed outline of where to go and how to buy Nembutal. This information changes frequently and is regularly updated for *The Peaceful Pill eHandbook*.

Legal comment

In Australia, Pentobarbital (Nembutal) is a border-controlled drug. When imported in a quantity less than 50 grams the maximum penalty is up to 10 years imprisonment and/ or a fine of \$360,000. These penalties can increase right up to life imprisonment and/ or \$1,350,000 for higher commercial quantities. In reality, those who have imported this drug into Australia for possible personal use, for example, have received a fine of a few hundred dollars and no criminal conviction.

In the UK, pentobarbital is a Class B drug. Unlawful importation brings a maximum penalty of 14 years and an unlimited fine limit.

In the US, Pentobarbital is a Schedule II controlled substance for which the maximum penalties are up to 20 years imprisonment and a one million dollar fine.

The RP Test for Nembutal

Nembutal is the ‘gold standard’ of the euthanasia drugs, a reputation derived from the peaceful and reliable death this drug provides. The drug can be difficult to access, and loses some points because of this, but with an overall rating on 88% it is easily the best end of life option available.

Exit RP Test - Nembutal

Criteria	Score
<i>Reliability</i>	<i>10/10</i>
<i>Peacefulness</i>	<i>10/10</i>
<i>Availability</i>	<i>2/5</i>
<i>Preparation</i>	<i>5/5</i>
<i>Undetectability</i>	<i>4/5</i>
<i>Speed</i>	<i>4/5</i>
<i>Safety</i>	<i>5/5</i>
<i>Storage</i>	<i>4/5</i>
Total Score	44 (88%)

Nembutal Scams

Introduction - The Proliferation of Online Scammers

Since Nembutal became available on the Internet, scammers have attempted to exploit the growing demand by cheating those attempting to make a purchase.

In recent times, scammers have proliferated online with some becoming very successful (and presumably wealthy) as they rip people off. It is a lucrative 'business' indeed. And it's not rocket science.

Scammers create Western Union and Money Gram accounts. They then mock-up websites - often using broken English - courtesy of Google Translate. On their websites they steal the genuine images and logos used in this book. And they go hunting for business. Your business. On the Internet, the old adage is true. 'If it sounds too good to be true, it is too good to be true'.

In some cases scammers have impersonated Dr Philip Nitschke. They also state openly that they are part of/ endorsed by/ supported by Exit International and/ or *The Peaceful Pill eHandbook*. But this is all false. None of these sites are related to Dr Philip Nitschke, Dr Fiona Stewart or Exit International USA.

Nembutal Scams

This Chapter seeks to provide the most definitive list of scammers currently known about. That said, we realise that as soon as this information is published, the scammers move on. They create new websites with new names, new accounts and the pattern repeats itself. That is why our list is constantly monitored and updated.

In this Chapter the following issues are covered:

- A-Z List of Scam Sites
- How Internet Scammers Work
- The Dangers of Internet Scammers
- How to Pick a Scammer
- Scam Websites & Addresses
- Neighbourhood Watch for Scammers



Scam Websites often make fake reference to Exit International

A-Z List of Scam Sites

The following is a current listing of scam websites (as of February 2017) that DO NOT SELL Nembutal, despite what they claim/ promise etc.

Exit has received extensive reports about each of these websites, their email addresses and contact details. Exit knows of far too many people who have lost their money to the names/ addresses listed here. Our advice, therefore, is clear.



Scam Mail Redirection Website

Nembutal Scams

Scam Nembutal Websites & Email addresses

8 August 2018

Barbiturate Online Store: <<https://getbarbiturates.com/>>
Berlin Pharmacy: <Berlinpharmacy@dr.com>
Best Nembutal: <<https://bestnembutal.com/>>
Buy Nembutal On-Line: <www.buynembutal.online>
Buy Real Nembutal:
<<https://buyrealnembutal.com/about-us/>>

Cameroon 1. El-Hazzi Jal – Saeed <jalsaeedelhajjis@yahoo.com>
Cameroon 2. “Derek” <nembutalmeciation@gmail.com>

Die with Dignity <<https://diewithdignity.net/nembutal-uk/>>
Dignified in Death: <http://dignifiedindeath.com/>
<<http://dignifiedindeath.com/buy-nembutal-online-mexico/>>
Dr Hardy - see Shawn Hardy

Euthanasia International: <<https://www.euthanint.org/>>
Exit International Group: <http://www.exitway.org/>
ExitWay: <http://www.exitway.org/>
Exit Experts <<https://exitexperts.org/>>

Glomedstore: <glomedstore@gmail.com>
Glorious End <<https://gloriousend.com/buying-nembutal-online/>>
Gransuministros Medicine: <gransuministros.medicine@gmail.com> **Web:** <http://gransuministrosmed.wixsite.com/best-gurney-rx>
<http://www.gurneyrxonlineshop.com/en/nembutal-pentobarbital.html>

How2BuyNembutal@protonmail.ch

Info Nembutal: <info.nembutalpentobarbital@gmail.com>

Johnson: <johnsonspph@protonmail.com>
Jonas: <euthanasiaexitgroup@gmail.com>
Jones from Peaceful Pill Directory:
<info@peacefulpilldirectory.com>

Mega Bud Shop
<<http://www.megabudshop.com/Nembutal.html>>
***Met Waardigheid** <<https://sterfmetwaardigheid.com/>>
My Right to Die: <<https://www.myrighttodie.com/information/nembutal/>>

***Nembutal.de** <<http://nembutal.de/>>
Nembutal Best Supplier: <http://nembutalbestsupplier.com/>
Nembutal Best Seller: <nembutalbestseller@usa.com>
***Nembutal for Sale:**
<<https://nembutal-forsale.blog/waar-te-koop-nembutal/>>
Nembutal for You <nembutalforyou@gmail.com>
Nembutal Group USA
Nembutalgroup@usa.com <nembutalgroups@usa.com>
Nembutal Online Store <<http://nembutalonlinestore.com/>>

Painless Death <<http://painlessdeath.online/contact/>>
Painless Path <<https://painlesspath.net/>>
Peaceful Ends: <<https://peacefulends.com/>>
Peaceful Exit Solutions:
<<https://www.linkedin.com/in/ordernembutaldrug>>
Peaceful Pill Directory ‘Jones’
<www.peacefulpilldirectory.com>
<info@peacefulpilldirectory.com>
Pure Pentobarbital:
<https://purepentobarbital.com/product/nembutal-pills/>

SARL KTM:
<http://sarl.lookchem.com/Contact.html#>
<info.pikininvest@gmail.com>
Shawn Hardy <shawnhardy2001@gmail.com>
AKA: drhardy2001 or @drhardy2001
Suicide Partners <<http://suicidepartners.org/>>

The Right Paths <<https://www.therightpaths.com>>
TrueBuy <http://www.truebuy.com.au/for-sale/health-beauty/best-place-to-purchase-quality-nembutal-pentobarbital-with-full-assurance-and-guarantee_i254946>

Vida Termino: <<http://vidatermino.com/>>

Weiku.com: <http://www.weiku.com/Inorganic-Chemicals/buy-nembutal-sodium-pentobarbital.html>

* Foreign language addresses

Other relevant scam sites & addresses

(eg fake ‘mirror’ addresses, mail/ parcel redirect, testing labs etc):

Fake Alexandro Vasquez address;
<alejandrovazquezmvz@gmail.com>
&
<alejandrovazquez@protonmail.ch>
&
<alejandrovazquezmvz@protonmail.ch>
Note difference to the verified email address

Fake Mail Ghost UK mail redirect <www.mail-ghost.com>

•

How Internet Scams Work

The *modus operandi* of scammers is varied, but it is always about getting you to hand over your money.

1. You send an email outlining your desire for Nembutal.
2. The scammer will reply recommending the amount of liquid/ powder you will need and quoting a price including delivery. Delivery will sometimes be promised as next day service. They often add that insurance is included and that if you do not receive the parcel, they will send another free of charge. Or a full refund if you prefer.
3. The scammer will then provide you with payment details, either Money Gram or Western Union.

In (sometimes) broken English, they remind you to include:

“Also your complete delivery address and phone number. As soon as we get this from you, we will get parcel prepared and register parcel for shipping and delivery then send you a tracking code as soon as parcel have been shipped. “

If your alarm bells are not going off now, they should be!
Sounds too good to be true, it is too good to be true!!

But wait there is more. In a vain attempt to prove they are careful, responsible and genuine, some would-be purchasers have even been asked to complete a questionnaire, before progressing things further. There is nothing quite like a caring and concerned scammer!

Nembutal Scams

Here is an example:

1) Is the Nembutal for you or someone else?

Me.

2) Why do you need Nembutal, for suicide or as an aid against pain ?

Initially to end life due to incurable ongoing chronic pain/condition which is physically incapacitating, however am open to suggestions for management using this drug if it is an option.

3) Have you ever bought Nembutal before ?

No.

4) What is your experience and what do you know about buying Nembutal online ?

I've done extensive research & understand there are scams out there.

5) Your age ?

43

6) How soon do you want to buy?

ASAP

7) Your order quantity?

The Peaceful Pill eHandbook

15g powder but understand I only need 6g & want advice on the quickest/painless method.

Please make sure you answer all the above questions because your answer will determine whether we will provide you with the drug

Thank you and awaiting your reply

Dr Malvin Castrol

VITAL FINALE

Email: info@vitalfinale.com

Website: <http://www.vitalfinale.com/>

The problem is that once you have replied to the scammer and paid your money, you will never hear from them again.

They will not reply to your emails and they will never contact you again. They have your money. The deal is done as far as they are concerned. They won, you lost.

The Dangers of Internet Scammers

The danger of dealing with online scammers is more than just losing your money. Exit has received reports that some scammers have tried extortion, demanding more and more in the way of payment from a person, and even threatening to report you to the police if you complain.

One purchaser who refused to pay the extra ‘insurance money’ found themselves at the receiving end of the following email. This is the ugly side of Internet Nembutal trade and care is advised.

Nembutal Scams



Scam Website - The Peaceful Pill Directory



Scam Website

Did you ever experience witchcraft in your life? and do you want to experience it? You dare with me, I talk with my Indian guy and we put you in deep pain right now. Just dare it ... Hope you read my last email. If it rings a bell in your head then you must be very careful at this moment as its now getting off hand. I can put you in greater pain for your whole life.

Tips to Pick a Scammer

It is getting increasingly difficult to pick scammers as their websites exude increasing sophistication. It is important to remember that the purchase of Nembutal is unlawful in most countries, including the US, Canada, the EU and Australia. Therefore, if you live in one of these places, you and your Nembutal supplier are both breaking the law. If the supplier were genuine, they would be risking significant jail time as a commercial Internet trafficker in Nembutal. Not many people are prepared to take that risk. They certainly wouldn't be 501c certified as a US non-profit if they were a *bona fides* seller.

Exit cannot emphasise enough, the need to use caution online. Scammers will take your money and provide you with nothing. This is safer and easier for them than being a genuine supplier. It might almost be as lucrative.

Nembutal Scams



El Hajjis Jal Saeed Supply LTD Money Back Guarantee

Scam Website - from Cameroon?



A Fake Facebook Page featuring Philip Nitschke

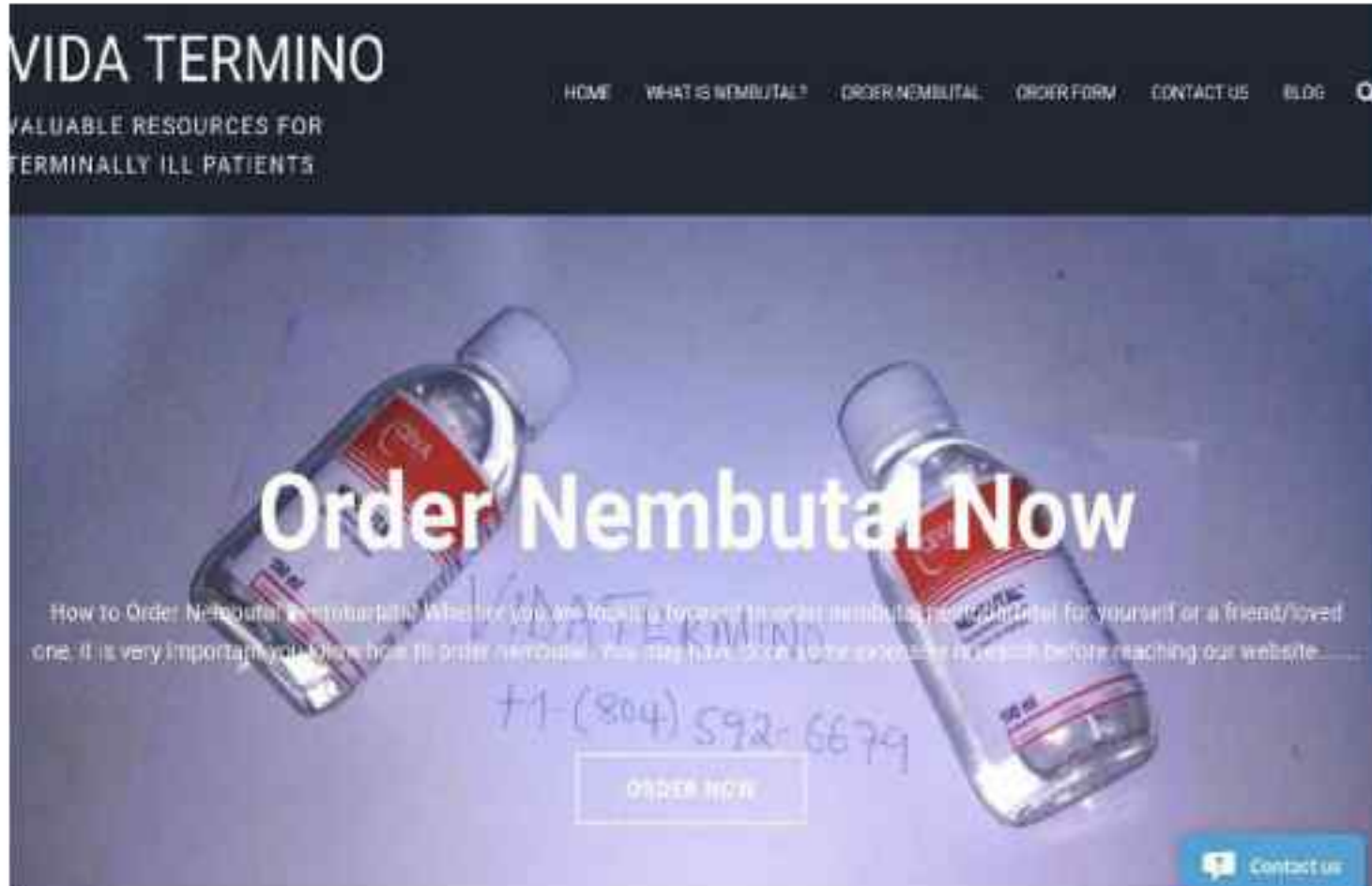
The Peaceful Pill eHandbook

Here are some tips to help you pick a scammer and stay safe online:

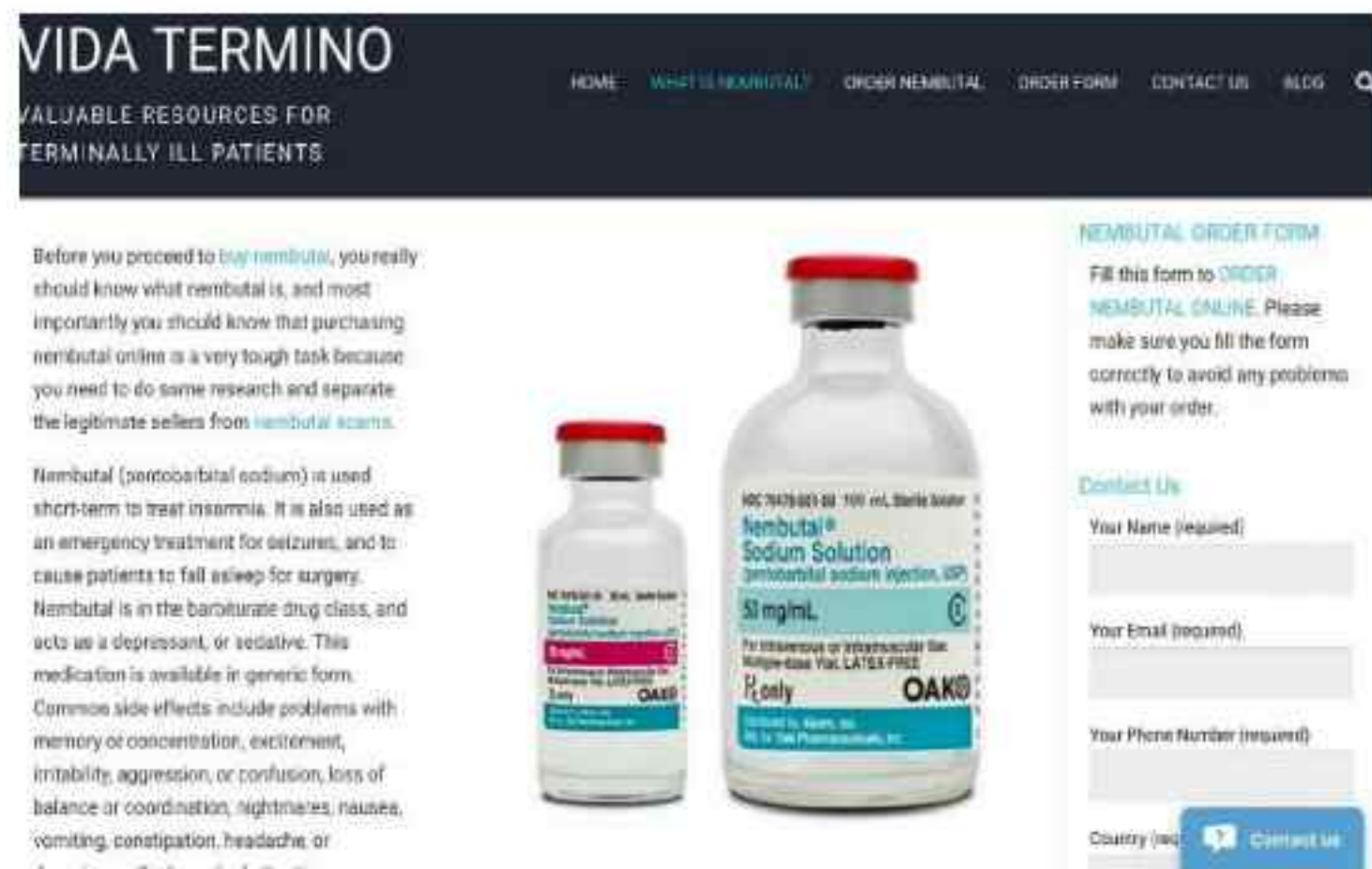
- Is their English good or are they using Google Translate?
- Does their website state an association with Exit International, Exit International USA, Dr Philip Nitschke?
- Do they say they have been approved/ endorsed by *The Peaceful Pill eHandbook*?
- Do they say they send/ have sent samples of Nembutal to Exit International for testing?
- Do they 'sell' a range of forms of Nembutal (eg. 'oral solution', 'solution intravenous', 'powder')?
- Do they advise you how to take the Nembutal?
- Does their website show testimonials from 'happy customers'?
- Do they list customer reviews?
- Do they say they know others who have been scammed (to prove they are not scammers)?
- Do they offer to oversee the transaction so you won't lose your money?
- Does the website recommend others who supply Nembutal?
- Do they ask that you keep the communication 'discrete'?
- Do they say they have 501c status or an IRS number?
- Do they use a fake courier company? Have you checked?
- Are they especially keen to make a sale?
- Is their email address similar to any of those listed in Chapter 17A?

As mentioned earlier, the business of scamming changes constantly. As soon as Exit publishes the latest list on Internet Nembutal Scams, the criminals change names, websites and email addresses. They are nothing if not tech-savvy.

Nembutal Scams



Scam website www.vidatermino.com



Scam website www.vidatermino.com

The Peaceful Pill eHandbook

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Online Nembutal



CALL or TEXT US AT:
406-840-7754

WE'LL BE HAPPY TO ASSIST YOU!

ABOUT US

We are the best legitimate suppliers that deals only with vendor of Pentobarbital Sodium (Nembutal) Solution (Injectable), Nembutal Powder, Nembutal Oral solution (Sterile), Nembutal Oral Solution (Non-sterile). We offer high quality Nembutal 99.9% purity and we guarantee effective and discrete delivery. We built our superb reputation by offering our customers excellent quality/high purity Nembutal with discreet delivery and friendly customer support.

We sell the best quality (pentobarbital sodium injection) we have been in the market for over 15 years now and stand as the leading supplier of the best quality (pentobarbital sodium injection). We ship world wide and offer 100% discreet and sophisticated discreet packaging. We have discreet packaging that passes through the toughest controls at the borders. We have a 100% delivery record to all our packages. We sell at very good prices and offer the best discount prices to our buyers and our bulk buyers have the privilege to pay part upfront and complete the balance 2 weeks after delivery. That is just for bulk buyers who order 1 kilogram and above.

If you are looking for the best quality nembutal (pentobarbital sodium injection), then you have found the solution because we will not only offer you quality products at moderate prices, we will also offer the best delivery you can imagine with option of an overnight delivery.

Type : Nembutal

Model Number : NSCA01 GNE1AAD1

Brand Name : Nembutal Sodium

Application : sedative, hypnotic for short term, preanesthetic and as veterinary anesthetic agent.

CAS No. : 76-74-4

Other Names : Pentobarbital or pentobarbitone

MF : 13-12-2015

EINECS No. : 0000312

Purity : 99.9%

Place of Origin : USA

Appearance : Occur as both a free acid and as salts.

Processing : Hepatic

Purity : 99.9% ; CAS Number : 76-74-4



Scam website www.gransuministrosmed.wixsite.com

Nembutal Scams

The current common scam email goes like this ...

Hello,

Buying Nembutal for voluntary euthanasia is a very big decision and should be treated with caution. There's also the big problem of acquiring Nembutal online and avoiding scams. I know of people who lost as much as \$10,000 but never got the Nembutal.

I am Jones from the Peaceful Pill Directory and our job is to fight for the rights of the terminally ill, competent adult by providing them legit vendors of Nembutal. Our research is based on customer reviews and also samples received from these vendors. We sometimes oversee these transactions if need be to make sure you don't lose money.

The legit vendors we are in contact with ship from the USA. The delivery is 100% effective but this business isn't without problems so when they fail to deliver, we ensure that they give a refund or reship if that is what you want.

For your request to buy Nembutal, we now have 2 vendors Samuelle Pindolon 'samuellepindolon12@gmail.com' recommended by the Peaceful Pill Handbook written by Dr Philip Nitschke. The other vendor is Joey 'atlantapainpills@gmail.com'. They are proven sellers and can be trusted. They accept payment through Western Union.

Please keep this information as discrete as possible.

The Peaceful Pill Directory

Email: info@peacefulpilldirectory.com

Website: <http://www.peacefulpilldirectory.com/>

The Peaceful Pill eHandbook

[Home](#) [About us](#) [Services & Products](#) [Contact](#)



Online Nembutal



CALL or TEXT US AT:
406-840-7754

WE'LL BE HAPPY TO ASSIST YOU!



100% SATISFACTION GUARANTEE

WE CARE

Nembutal Sodium Good Price
The lowest prices for Nembutal Sodium from online pharmacies and prescription discount cards! Before you buy Nembutal Sodium, compare the best prices on Nembutal Sodium from licensed, top-rated pharmacies in the U.S., Canada, and internationally. Find the lowest cost Nembutal Sodium from the best pharmacy.

[MORE ABOUT US](#) +

**LET US TAKE
CARE OF YOU**

**DELIVERY SERVICE / FRIENDLY AND HELPFUL STAFF /
5% SENIOR DISCOUNT / COMPLEMENTARY MEDICINE**

VISIT US

800 Terry Francisco Street
San Francisco, CA 94133
gransuministrosmedicine@igmail.com
Tel: 406-840-7754

OPENING HOURS

Mon - Fri: 7am - 10pm
Saturday: 8am - 10pm
Sunday: Closed

[SEE ALL OF OUR SERVICES & PRODUCTS](#) +

FREE HEALTH SCREENINGS!

Blood pressure, Diabetes & cholesterol screenings
For more information call: 406-840-7754

[NEED ASSISTANCE?](#)

[ASK A PHARMACIST](#) +



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Scam website www.gransuministrosmed.wixsite.com

Nembutal Scams



Online Nembutal



CALL OR TEXT US AT
404-240-7754
WE'LL BE HAPPY TO ASSIST YOU



OUR SERVICES & PRODUCTS

You should not use this medication if you are allergic to pericardial, or if you have porphyria (a genetic enzyme disorder that causes symptoms affecting the skin or nervous system).



Type of Nomenclature used: 1950.

- Drinkable Nembutal Pentobarbital mixed with sweeteners to avoid the bitterness of the liquid.
- Nembutal pentobarbital sodium (Sterile solution) 6 Grams/100ml.
- Nembutal pentobarbital sodium (oral solution) 10grams/100ml.
- Nembutal Pentobarbital sodium capsules (50mg & 100mg).
- Nembutal Pentobarbital (Sodium Salt)



Nembutal and Rohypnol

I'm a paragraph. Click here to add your own text and edit me. I'm a great place for you to tell a story and let your words know a little more about you.



Today penicillin is considered so dangerous and addictive that it is mostly used under controlled circumstances, such as during surgery or as an injection given in a hospital or doctor's office.

Erikson, H. (1996). *Handbook of psychoanalysis and women*. New York: Guilford Press.

Can Namibian and Pityriasis, additionally, liquid and powder. We distribute worldwide and for you in Namibia, please contact us for more details.
Email: grace.whitfield@medicines@gmail.com



Many people try to buy Nembutal online but never receive it because most online marketers are scammers and also because the drug enters seized by the authorities . We are in the peaceful resolution to provide information life choices . We are the leaders in elections at the end of life (voluntary euthanasia / assisted suicide) of information and the defense community.

Use

About The Peaceful Pill Directory

The Peaceful Pill Directory is an ever-evolving scam website that continues to catch folk out. It uses stolen Exit images, text and references from this book and Exit's websites. Peaceful Pill Directory even lists its own fake 5-star customer ratings! This website and its alleged suppliers are all fake.

The Peaceful Pill Directory lists itself at a US address.

1800 26th St S Arlington, VA 22206 USA
tel: +1(469)607-0971
www.peacefulpilldirectory.com

They even suggest they are a 501c company (registered non-profit). Yeah right!

'The Peaceful Pill Directory is a tax-exempt and tax-deductible Oregon corporation and is 501(c)(3)H of the IRS tax code. ID number 93-1118314.'

One might ask why Oregon if they are in Virginia? Don't sweat the small stuff, this is all a scam! This is fake news. Don't fall for it.

Conclusion - Neighbourhood Watch for Scammers

As this Chapter makes clear, keeping a tab on scammers is an on-going challenge. The information changes fast. The duplicitous, dishonest nature of scam operations, and the desperate plight of many seeking Nembutal, ensures that there is always someone who is willing to risk their luck, and their money.

To stay abreast of these criminal activities, Exit asks that feedback is provided on an on-going basis. No bit of information is too small or insignificant. It is only through extensive reader feedback that Exit can continue to issue warnings and alerts in real time, when and as they appear.

Email us at: *exitint@protonmail.com*

Watch the Peaceful Pill Forums for breaking news.

Caveat Emptor!

Testing and Storing your Nembutal Sample

- The Importance of Testing
- Taking a Sample for Testing
- Types of Tests (Qualitative v. Quantitative)
- Home Qualitative testing - Exit Spot Test
- Commercial Quantitative Testing
- Infrared Spectroscopic Testing using the SCiO Sensor
- Home Quantitative testing - the 'Max Bromson Triple Test'
- Additional Home Tests
- Storage & Shelf Life of Powder/Liquid
- Note about Nembutal capsules, tablets and long term storage

The Importance of Testing

Barbiturate drug-testing is important. No one wants a failed attempt. The emotional cost of having made this most difficult of decisions, and having said good-bye to loved ones, should not be exacerbated by further worry that the drug may fail.

The decision to die is not one that anyone wants to take risks with. The principal of harm minimization (i.e. ensuring that the substance is what it says it is and minimizing the risk of 'something going wrong') is paramount.

While some will prefer to test their drugs themselves, others will want the 'gold standard' provided by a commercial laboratory. Either way, the testing the purity of internet pentobarbital powder is advised. Testing liquid samples is less important (because they are packaged in a sterile, tamper-proof bottle), but makes sense if the drug has been kept for a long time period..

Testing & Storing Nembutal

Taking a Sample for Testing

The tests described in this Chapter require only a very small sample of the powder or veterinary liquid to be tested (~ 0.5gm of powder or 6ml of veterinary liquid is enough to carry out all of the tests). A sample of veterinary liquid Nembutal for testing can be obtained as follows:

The veterinary packaging is designed so that variable amounts of the drug can be withdrawn from the 100ml bottle using a syringe and hypodermic needle without breaking the sterile seal. Although there is no need for the Nembutal to be sterile for a peaceful death, the drug will keep longer if the seal is not damaged and the solution remains sterile.

The bottle should only be fully opened (by breaking the seal and removing the rubber stopper) when the drug is either ready to be used or it is to be discarded.



Fig 18.1: Removing a sample of Nembutal



To take a test sample of the liquid, remove the outer plastic cap from the bottle cap (if present) and then use a small knife, nail scissors or screwdriver to remove the small central circular metal piece covering the rubber stopper (Fig 18.1) that you will find underneath the plastic cap. The rubber stopper will then be exposed.

When the rubber stopper is exposed, the needle of the hypodermic can be pushed through the stopper into the bottle. Use the hypodermic syringe supplied with the Exit Nembutal Test Kit (or an equivalent). With the needle in place, invert the bottle and carefully withdraw the syringe plunger until there is liquid in the syringe.

Qualitative vs. Quantitative Testing?

Qualitative testing shows ‘Yes’ or ‘No’ if the sample being tested is Nembutal. Qualitative testing uses monoclonal antibodies to indicate whether the Barbiturate Nembutal is present even in minute quantities.

NOTE: Qualitative testing gives NO information on the purity of the sample. A Qualitative test only confirms that Nembutal is present. This is also called the qualitative ‘Spot’ Test.

In contrast, Quantitative testing establishes the purity of the sample. Quantitative testing therefore shows if a sample has deteriorated over time, or from poor storage.



Fig 18.2: Weighing out Nembutal powder for testing

Testing & Storing Nembutal

A Quantitative test will also show if a sample has been contaminated in some way. If this is the case, the sample in question may need to be discarded (or the dose increased to compensate for the deterioration or adulteration).

Quantitative testing of a sample that has been stored for many years (or is from an uncertain source) is useful for peace of mind.

The Qualitative ‘Spot’ Test

The Exit Spot Test Kit is a quick screening test that can be quickly undertaken to establish that Nembutal powder from China or liquid Nembutal from countries such as Peru or Mexico is, in fact, Nembutal.

The test can be done at home and as stated previously, only a very small sample is needed for the test (~0.1gm of powder, or 0.1ml of veterinary liquid). The Exit Qualitative Test Kit contains a sealed dip-card cassette and 0.5ml hypodermic syringe.

For veterinary liquid Nembutal, the steps are as follows:

1. Use the syringe provided to remove a small sample from the bottle of liquid to be tested using the method shown in the videos ‘Testing Nembutal - Obtaining the Sample’.
2. Remove the Nembutal test cassette from its foil and remove the plastic cap to expose the absorbent tip. Saturate the absorbent tip of the dip-card with the veterinary liquid you have removed with the syringe, and replace the plastic cap.
3. At ~5 minutes, read the results of the test off the dip-card. After 10 minutes the results cannot be relied upon.

To use the Exit Spot Test for powdered Nembutal, the steps are as follows:

1. Use a clean knife to separate out a small sample of the powder (see Fig 18.2).
2. Dissolve a small amount of powder in a few ml of distilled water. Saturate the absorbent tip of the dip-card, and proceed as above as per step 3 to read the results on the cassette.

Reading the Qualitative Test Results

Positive Result:

ONE red line in the control region (C). NO line appears in the test region (T).

The absence of a test line indicates a positive result for Nembutal.

Negative Result:

TWO lines appear. A red line in the control region (C), and a red or pink line in the test region (T).

Invalid Result:

NO line appears in the control region (C).

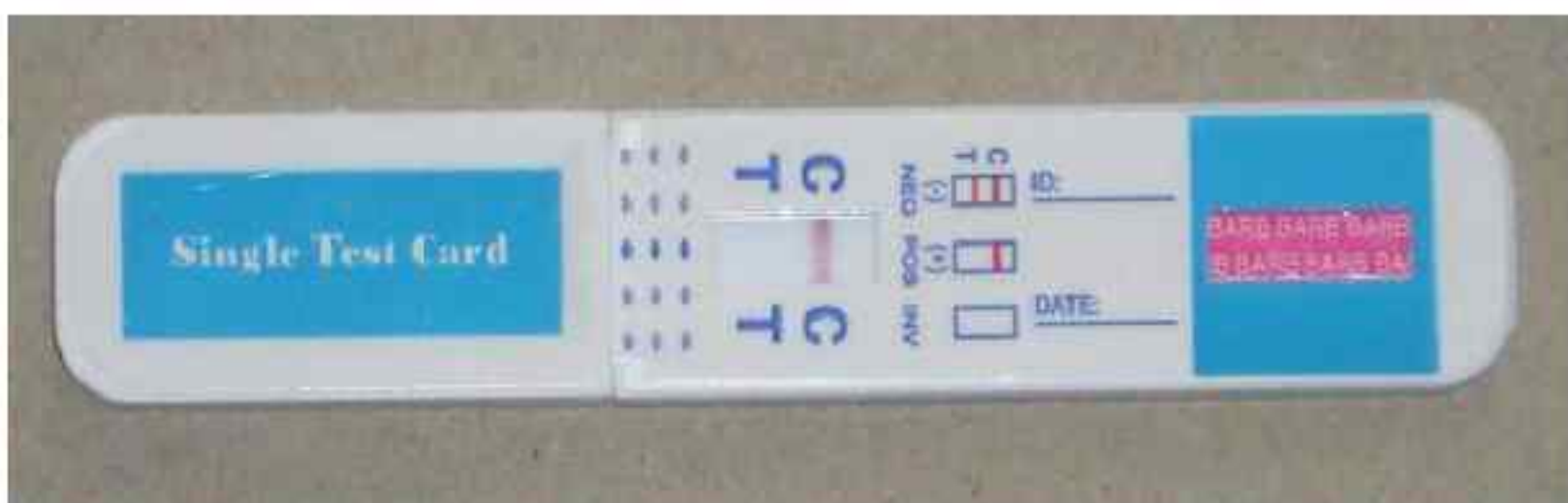


Fig 18.3: A positive 'Spot' Test

Commercial Quantitative Testing



The ‘gold standard’ test for the purity of a sample of sodium pentobarbital is by Gas Chromatography and Mass Spectroscopy (GC/MS). The equipment needed to carry out these tests is expensive and requires skilled operators. The process also requires a pure sample of the substance being tested so that comparisons can be made.

The problem of finding laboratory services prepared to test the purity of ‘illegal’ drugs has long been a challenge for those using recreational party drugs from questionable sources. It is well established that drug-testing of this nature promotes safer drug-taking - within a framework of ‘harm minimisation’.



Energy Control website - Submitting a Sample

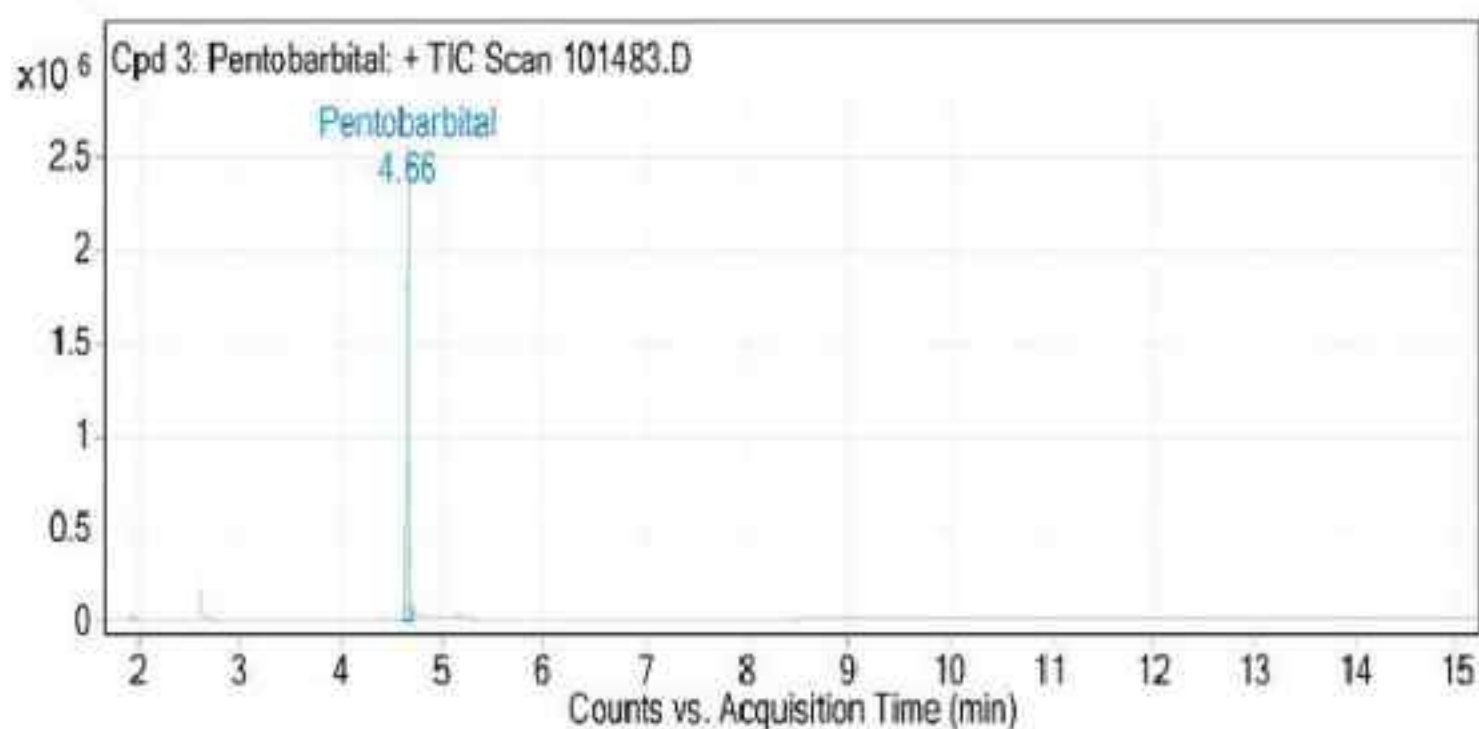
Testing & Storing Nembutal

However the testing of end of life drugs carries the additional risk for the laboratory that their analysis could be considered a breach of law that prohibits “assisting a suicide”, This concern has meant that although many laboratories around the world regularly provide testing for government and policing agencies, they consistently refuse individuals seeking analysis of “white powder, believed to be sodium pentobarbital”!

The progressive Spanish laboratory, Energy Control (EC) provides a very useful analysis service for recreational drugs and in 2016 Exit contacted them about possible extension of their service to include Nembutal. After some consideration they agreed, using the ‘harm minimising’ argument. Clearly a person seeking a reliable death could be seriously “harmed” if poor quality drugs were used, leading to a failed attempt, and a seriously damaged individual.

With the acquisition of a standard sample in late 2016, EC began operating the first quality laboratory Nembutal testing service for members of the public in early 2017.

Compounds



GC Scan result for Chinse powder Nembutal (>99%)

The Peaceful Pill eHandbook

Exit greatly appreciates the service operated by this laboratory and their work has been invaluable in monitoring the quality of the sodium pentobarbital on the market. For background see:

<http://www.aljazeera.com/news/2016/05/spain-free-lab-testing-street-drugs-160510112235494.html>

Submitted samples can be forwarded to EC by mail. Results are then delivered by email. Further details on sample submission can be found on the EC website.

<http://energycontrol-international.org/drug-testing-service/submitting-a-sample/>

Details:

- Sample: Sodium pentobarbital (this must be specified as it is not listed on the drop-down menu)
- Sample size (powder): ~0.1 gm (a tenth of a gram)
- Sample size (liquid): 1-2 ml
- Cost: €70 (€120 if test data is required to be forwarded)
- Payment: Bitcoin, PayPal or bank transfer
- Results: Forwarded by email
- PGP encryption available
- Time for results ~ 10 days

Plastic *Ziploc* bags to forward powder for assay



Testing & Storing Nembutal



Exit Store 'Nembutal Sampler Kit' for Energy Control assay specimens

Samples needed for assay by Energy Control

The facilitate sample collection Exit offers a kit from its on-line store. The kit consists of x2 qualitative Nembutal screening cassettes, syringes and needles for removing liquid samples for analysis from sterile veterinary bottles, two 1.5 ml liquid sample containers for forwarding liquid to the laboratory and plastic *Ziploc* bags for powder samples.

Testing Nembutal using Infrared Spectroscopy

Infrared spectroscopy is a technique in which light in the infrared part of the spectrum is directed onto a substance for analysis. Different frequencies of this radiation are selectively absorbed and the spectra provide a unique fingerprint of the substance under analysis. While the process has been used for many years the equipment needed to irradiate the sample, collect and analyse the resulting spectrum has been bulky and expensive. A recent development by Israeli tech start-up Consumer-Physics has led to the development of the handheld SCiO molecular sensor, a device that makes this technology accessible to the general public.



SCiO sensor with '00' capsules of powder for testing

The full potential of this device in testing samples of sodium pentobarbital is yet to be determined. Initial tests have been positive, in being able to detect that the powder *is* Nembutal, *and* that there are no other significant contaminants. Exit is developing the necessary App by testing a large number of samples of Nembutal (many of which have also had GC laboratory testing) and recording the resultant spectra.

NOTE: The accompanying video shows the process

Testing & Storing Nembutal

The accuracy of the test, and the ability to detect sample purity will depend on the database of spectra collected.

The testing process for a powder sample is simple. Install the SCiO software onto your phone or laptop. Login, and WiFi link and calibrate the sensor as shown in the software. Fully pack a '00' gelatine capsule with the finely divided powder for testing - this will require ~ 600 mg of sodium pentobarbital. Weigh the capsule and place it into the accompanying reflective small objects holder that accompanies the detector, then switch on the ExitTest2 App, from the Applet selection. Position the molecular scanner above the holder and press the displayed 'scan' button.



A flash of visible light from the detector is noticed and the screen indicates the completion, then analysis of the scan. The recorded data is compared with stored spectra, and the results immediately made available on the phone/ iPad screen. The result display for a good sample of Nembutal powder is shown in the diagram. This can then be emailed or stored. If the analysed spectrum comes back as “unrecognisable”, further tests should be carried out.

NOTE: Tests on liquid samples of Nembutal are currently being carried out and details will be published when available.

NOTE: The full potential of this system for assessing end of life drugs is still being investigated by Exit

The Max Bromson Quantitative Test

There are three quantitative tests that can be carried out at home. Together, they are called the Max Bromson Quantitative Test. Together, will give a reliable indication of the sample purity.

The Max Bromson Quantitative Test Kit can be obtained at:

<http://www.exitinternationalstore.com>

Each Exit Max Bromson Quantitative Test Kit contains:

- Digital scales with accuracy of $\pm 0.001\text{gm}$
- Glass Melting Point capillary tube (x2)
- Digital probe thermometer (0°C to 250°C)
- Spot test cassettes (x6)
- 2ml micro-pipettes (x6)
- 3ml syringes (x6)
- 25G hypodermic needles (x4)



Fig 18.4: Exit 'Max Bromson Triple Test' Kit
(Spot test cassettes not shown)

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Note: In May 2016 the consumables provided in the Max Bromson Kit were doubled, so that more than one sample could be tested.

The results of these tests on a sample of Nembutal powder (or liquid) will give a reliable indication as to whether the sample has undergone significant deterioration, or has been contaminated or adulterated.

The 3 Tests are:

- a) The Acid Conversion Test (ACT)
- b) The Melting Point Test (MPT)
- c) Dilution Purity Testing (DPT)

a) The Acid Conversion Test (ACT)

Nembutal (sodium pentobarbital) is in the form of a soluble salt. When dissolved in water the salt forms a clear alkaline liquid (with pH ~10). This explains the bitter taste.

Conversion into the insoluble crystalline form can be achieved by acidifying the solution and driving the pH down, so that an insoluble precipitate is formed.

If the original salt sample is 100% pure sodium pentobarbital, the weight of the precipitate formed should be 90% of the original (the ratio of the molecular weights of both substances). In other words if one dissolve half a gram (500mg) of 100% pure Nembutal powder, acidifies, separates, dries and weighs the precipitate, one would expect a weight of 450mg.

Testing & Storing Nembutal

Method: Place the scales provided on a flat surface and check the calibration with the 10gm weight included. (Use the tweezers to move items on and off the scales)

Weigh out approximately 500mg (1/2 gram) of powder for testing. Record the accurate weight and dissolve the sample in approximately 50ml of distilled water.

When the sample is fully dissolved, use a syringe from the kit to drip in 5ml of white vinegar. Note the cloud of white precipitate that forms with each drop. Let the precipitate settle.

Weigh and record the weight of the dry laboratory filter paper provided in the Kit. You will then need a small plastic funnel. Fold the paper so that it fits inside the small plastic funnel. Pour the mixture (liquid and precipitate) into the funnel so that it drains through the filter paper. To ensure that all the precipitate has been washed into the filter paper, rinse the container containing the mixture using a syringe of distilled water.

Repeat the process by adding another 5 ml of vinegar to the clear filtrate. Again let the precipitate that forms settle, then pour through the same filter paper and rinse the precipitate again. Repeat until the further addition of vinegar leads to no visible precipitate.

Place the filter paper in an oven set at low heat (~100°C), and allow the filter paper to dry. Re-weigh the filter paper plus the dried precipitate.

Calculate the weight of the total precipitate by subtracting the weight of the filter paper.

The % purity of the original sample is obtained by:
(Weight of salt/ Weight of precipitate) x 90

Note: If one is testing the purity of a sample of veterinary liquid Nembutal, remove 6ml of liquid for testing and measure the exact volume using one of the graded pipettes. Add distilled water and proceed as described above.

Note: The quoted concentration on the bottle of the Nembutal to be tested is usually 65mg/ml. The original weight of the salt would be $6 \times 65 = 390\text{mg}$, and if pure, would precipitate 350mg.

Set aside the dried pentobarbital crystals for use in the melting point test (MPT).

Note: The ACT Test is shown in the video '*Purity Testing for Nembutal Powder*' but that the volumes used in the video differ slightly from the text description. In the video, only 200mg of powder was used for the test, and the process of serial dilution using small 5ml vinegar samples was not employed. This process of serial dilution and filtration avoids the possibility of re-absorption of the precipitate by over dilution, and the use of a larger (500mg) sample gives greater ACT test accuracy.

b) The Melting Point Test (MPT)

A pure test sample is expected to have a clearly-defined specific melting point. The melting point can be determined by using a thin-walled glass capillary tube to heat a small sample and then recording the temperature at which the sample melts (and changes colour).

For Nembutal, the test must be carried out on the free acid - not the sodium salt. Items needed for the test include a sealed glass capillary tube, thermometer (mercury or digital) with a range $> 150^{\circ}\text{C}$, and a glass container of cooking oil that can be heated slowly on the stove.

Testing & Storing Nembutal

Regardless of whether one has the powdered salt (from China), or a bottle of liquid solution of the salt, the process is as follows:

Place some of the dry pentobarbital crystals from the previous acid conversion test into the capillary and suspend the capillary in the cooking oil. Keep the glass tip of the capillary close to the sensing tip of the digital thermometer. Heat the oil slowly on the stove while stirring the oil continuously. Watch for the point at which the melting of the crystals occurs. The crystals should change colour quickly from white to transparent at $131^{\circ}\text{C} \pm 1^{\circ}\text{C}$.

A video of the MPT is shown: 'The Melting Point Test for Nembutal'.

Note: In the video a magnetic laboratory stirrer is used to ensure a uniform temperature of the cooking oil being heated.

c) The Dilution Purity Test (DPT)

The DPT test looks for the point at which a sample of Nembutal (powder or liquid) becomes so dilute as to not give a 'positive' on the qualitative 'Spot test' cassette. Adulterated or degraded Nembutal samples will require less dilution to reach this point.

Accurately weigh out 200mg of powder to be tested. Dissolve this powder in ~20ml of distilled water taken from one of the 2 liter distilled water bottles - label this bottle #1.

Return the 20ml of water with the dissolved substance back into the 2 liter container. Re-seal and tip up and down several times to mix the sample thoroughly.

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Re-open the 2 liter container and insert the test strip of a spot test cassette into the liquid. Wait and read the result. A clear positive should be recorded. A clear positive is a single clear line at 'C' on the cassette, with no line forming at the 'T' level (see Fig 18.3).

Use a 3ml syringe attached to a 2ml micro-pipette to take exactly 2ml of liquid from this 2 liter container and add this to the second 2 liter distilled water container - label this bottle #2.

Reseal and again invert to mix thoroughly. Finally, use a new cassette to test bottle #2. Another positive should be recorded, although a faint line may now be noticed at 'T'. A clear 'C' confirms that the test sample has a purity of better than 70%.

Note: To test veterinary Nembutal liquid, use a syringe with a 25G needle. Remove exactly 3ml of the sample and add this directly into the first distilled water bottle - proceed as above.

A video of the DPT is available: See 'The DIY Home Nembutal Purity Test'. <https://youtu.be/Qq4P8qZOqhM>

Max Bromson Quantitative Test Results

Home purity testing requires care and the results obtained can sometimes be difficult to interpret. The benefit of the Max Bromson Triple Test is that it enables three tests to be carried out.

A spurious or unexplained result from one test can then reasonably be disregarded if the other two tests return an adequate result.

Testing & Storing Nembutal

For example, a good purity result on the ACT (ie. better than 70%), with a MPT of 130°C would give confidence that ingestion of 10gm of this sample will bring about a peaceful death. The test that is most likely to give spurious results (false negative or positive) is the DPT as there are external factors that cannot be totally controlled, eg. the age and quality of the test cassettes.

If, however, a sample fails all three tests, it would be wise to source an alternative sample, or seek a laboratory assay.

Additional Home Quantitative Tests

Water Content Test (WCT)

The presence of water in any significant amount in a sample of Nembutal powder is an adverse finding. Nembutal powder will readily absorb water from the air. This is why it should always be kept tightly sealed in an air-tight container.

To determine water content in Nembutal powder, accurately weigh out and record ~1 gm of the powder and place it in a laboratory oven with the temperature controlled at 100°C. After 30 minutes in the oven, let the powder cool in a desiccator and re-weigh to establish the percentage of water content. The percentage should be < 5%

Acid Titration Testing (ATT)

Reliable testing to quantify the presence of adulterants or degradation requires sophisticated equipment. A useful titration test can be carried out at home, but careful attention to detail is essential to ensure an accurate result.

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This method involves accurately weighing out a small sample of powder (~200mg +/- 0.5mg), drying it in an oven at 100°C to determine the presence of any significant amount of water, then dissolving it in distilled water and, finally, titrating with 0.1N hydrochloric acid. Methyl Orange is used as an indicator to determine the point at which the pH rapidly decreases.

A detailed step-by-step account of this process has been provided to Exit by 'htveld' and is available on the 'Prime Posts' section of the Exit Forums. See: <http://bit.ly/29LeP6a>

Exit is also grateful for the work of 'chriskay' & 'billeboeuf' in the Exit Forums <<http://peacefulpillforums.com/>> for their suggested refinement to the quantitative testing procedures described in this chapter.

Testing Nembutal - Summary

- Qualitative testing is simple screening test carried out using the Spot Test barbiturate strips. This provides no information on sample purity.
- Quantitative testing shows a samples purity.
- The gold standard test is laboratory testing using gas chromatography (GC). Energy Control laboratory in Spain offers this service
- Home quantitative testing can be carried out using the Exit Bromson Test kit, but results are much less accurate.
- There are three tests that the kit enables - the most useful are the acid conversion and melting point tests (ACT & MPT).
- The full potential of the new SCiO infrared scanner in providing qualitative and quantitative information on a Nembutal sample is still being assessed.

Testing & Storing Nembutal



Fig 18.5: Exit Laboratory GC Machine

Mobile Nembutal Testing

The demand for reliable, confidential testing has grown significantly with the ready availability of powdered Chinese Nembutal. Legal problems have prevented the establishment of a testing service where members would forward a small sample of the powder (or veterinary liquid) to our laboratory for assay.

In 2012 a mobile testing facility (laboratory van) operated for a short period of time to make testing equipment available to Exit members. For legal reasons, Exit did not take possession of the substance being tested. Ownership remained with the person carrying out the tests.

Storage & Shelf Life of the Barbiturates

The soluble barbiturate salts (ie. sodium pentobarbital - Nembutal) are very stable drugs. This is a particularly useful property of Nembutal, as it means the drug can be safely stored many years without losing its potency. This is true for both powdered and liquid forms of Nembutal.

In powdered form, sodium pentobarbital should be kept tightly-sealed, away from any contamination or exposure to oxygen or atmospheric moisture. The product from China is usually supplied loosely packed in a small plastic sachet, so re-packaging is important. There are two recommended procedures for long term storage.

The Storage of Powder Nembutal

Method 1

Obtain a suitable glass container with a airtight screw top. The size should just accommodate the powder, with little extra space for air. If testing is planned, remove ~500mg, then tightly seal the container before wrapping it in aluminium foil (to protect it from the light) and store it in a cool place. The refrigerator (~4°C is fine).

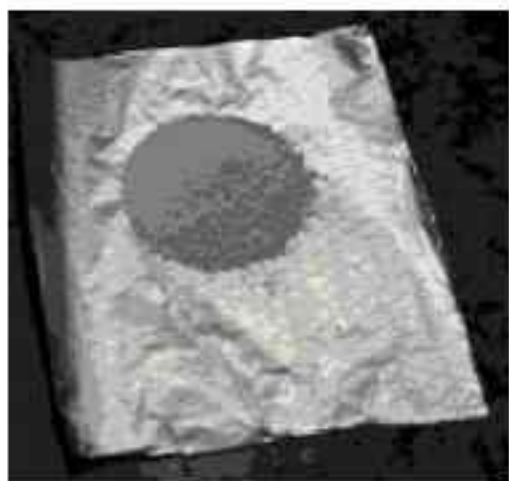
Method 2 (Courtesy of Alan Davies)

An alternative strategy is to wrap the sample (minus 500mg if testing is planned) in aluminium foil, and place the package in a metallized Mylar (PET) bag. The bag is then vacuum sealed using a home vacuum food storage unit (eg. a Foodsaver vacuum sealer) sold at stores such as Amazon, Argos or Walmart.

<http://www.foodsaver.com/vacuum-sealers/counter-top-vacuum-sealers/>

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Fig 18.6



10gm of powder in foil



Powder wrapped in foil



Place in Mylar storage bag

Silica Gel
moisture
absorbing
sachet



O₂ absorbing
sachet



Place the vacuum sealed Mylar bag
inside a PE 'Food Saver' bag



Above: Vacuum seal the Mylar bag
inside a plastic PE bag along with
moisture and oxygen absorbing sachets

Right: The finished package ready for
storage



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Pint size Mylar bags (10cm x16cm or 4"x6") are ideal and provide ideal oxygen and moisture protection for the sample. The sealed Mylar bag is itself then vacuum packed inside a standard polyethylene food serve bag (Quart size, ~20cm x 30cm or 8"x 12"), along with moisture (silica gel) and oxygen absorbing sachets. The finished sample is small and can then be conveniently stored in a cool place (< 20°C).

It will be obvious if the seal is broken as the package will become pliable, at which point the outer vacuum package can be replaced.

Note: Extracting all the air from Mylar bags before heat-sealing can sometimes prove difficult because of the smooth finish of the bag. A solution to this is shown on YouTube:

<http://www.youtube.com/watch?v=r9dzaeC0hG0>

Note: Moisture and oxygen-absorbing sachets and Mylar bags are available at a small cost on the Internet.

See: <https://www.usaemergencysupply.com/>

Note: It has been suggested that metoclopramide anti-emetic tablets can be vacuum-sealed along with the sachets of Nembutal powder. However, it is not clear if the shelf life of the anti-emetic would be increased with this storage method.

Testing & Storing Nembutal

The Storage of Liquid Nembutal

Veterinary liquid comes in sealed, sterile glass 100ml bottles. It is best not to disturb the seal on the bottle until it is needed.

Do not break the seal or decant the liquid into another container as this will expose the drug to the air. Store the original bottles in a cool dark place. Refrigeration is fine, but do not freeze as the bottle can break.

The liquid should be clear and colourless. Any coloration or precipitation of the liquid means that further testing and assay will be required.

Note about Nembutal capsules, tablets and long term storage

Note: Pharmaceutical grade Nembutal capsules or tablets are no longer produced. Those who have access to these drugs and are planning their use, should be aware that because of their age, these drugs are likely to have deteriorated, and should be tested.

Note: Previous editions of *The Peaceful Pill eHandbook* outlined a method of long-term storage that involved the conversion of the salt (sodium pentobarbital, CAS No 57-33-0) to the free acid (pentobarbital CAS No 76-74-4).

However, the success of long-term, vacuum-packing of the soluble salt has made this process unnecessary, and it has now been removed from the *eHandbook*.

Administration of Nembutal

Introduction

It is very straight forward to take Nembutal for the purpose of a peaceful and reliable death. This is one of the reasons that it is Nembutal that is the drug of choice in places where assisted suicide and voluntary euthanasia are lawful.

Things to Consider

Powder Nembutal makes a clear liquid

When a person decides to die, 10 or more gm of powdered Nembutal is placed in a glass, and then about 50ml of cold water is added. The powder should be stirred until it is fully dissolved. The liquid in the glass will be clear.

Breaking the seal of Liquid Nembutal

In the case of veterinary liquid, the bottle is opened by breaking the seal and pouring all the contents (100ml) into a clean glass.

Note, these bottles are tightly sealed and the liquid inside is sterile. Breaking the seal can sometimes be difficult especially if vision is poor, or if you have arthritis in your hands. One method of opening the bottle is shown in the accompanying video ‘Opening a bottle of Nembutal’ (in this Chapter).

Administration of Nembutal



Fig 19.1: The bottle of Nembutal & plastic cup as used at Dr John Elliott's assisted death at Dignitas in 2007

Anti-emetics

In places where assisted dying is legal, Nembutal is invariably taken with a separate anti-emetic (anti-vomiting) drug. The anti-emetic will be taken as stipulated either for two days prior to the chosen night. Alternatively it can be taken as a single 'stat dose' around 40 minutes before the Nembutal is to be taken (see Chapter 9 for more explanation).

Eating something light

Have something light to eat so your stomach is not empty is generally considered a good idea. The chance of reflex vomiting brought on by drinking the bitter Nembutal liquid is reduced if there is something in the stomach. This should not be a significant meal that will slow the absorption of the drug. Something light is preferable, like tea and toast, an hour or so before taking the drug.

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A Safe Environment

An important consideration will be a peaceful, safe environment where one will not be disturbed. Usually this is best achieved at night.

Drinking Alcohol after the Nembutal

The liquid in the glass can be drunk quickly in 2 or 3 swallows, and then followed by some alcohol, usually spirits or liqueur. Although not essential, alcohol is recommended as it alleviates the bitter Nembutal after-taste, and will speed the drug's action.

Mixing Nembutal with Something Else to take away the Bitter Taste

It is always better to take one's Nembutal straight. The likely result of mixing the Nembutal with something else (eg. yogurt) is the creation of a greater volume of an equally unpalatable substance. Furthermore, using a spoon to consume the drug, rather than drinking it, can mean a longer time to ingest the 100ml.

Exit has received reports of people falling asleep before all of the drug is consumed. This is dangerous. It is best to drink the 100ml in a few swallows, then drink alcohol.

How the Nembutal Takes Effect

The drug is absorbed from the stomach, and as the level in the blood rises, some crosses the blood-brain barrier and effects the part of the brain that controls sleep.

Within a few minutes of taking the drink the person falls into a deep sleep, quite often in mid-sentence when talking to family and friends!

Administration of Nembutal

As the level of drug in the bloodstream rises, more moves into the brain and sleep becomes deeper and deeper. At this point, another area of the brain is effected; that which controls the rate of breathing. The person's breathing slows, and eventually stops altogether.

With no oxygen entering the lungs, the person dies of 'respiratory arrest', where there is not enough oxygen in the circulating blood to maintain brain function. Lastly, the heart stops beating. Rarely is there any bladder or bowel motion.

It is the most peaceful of deaths to witness. With Nembutal, you always die in your sleep.

A Lethal Dose of Nembutal

While there are several florid accounts of failure by people taking a full 100ml bottle of veterinary Nembutal, closer scrutiny shows a much more complex situation. Exit has examined the details and medical records of several such cases.

In the vast majority of cases, one bottle (100ml @ 60mg/ml) of veterinary Nembutal will always be satisfactory and lead to a peaceful death, usually in ~1 - 2 hours. However, there is a small group (estimated at <1%) who may exhibit a prolonged comatose phase before death (sometimes up to 24 hours). Outright 'failures' remain extremely rare. Indeed, all of the reported failures investigated by Exit were associated with early discovery and subsequent medical intervention. This emphasizes the need for careful selection of the place of death.

In some of the analyzed cases, the long comatose phase was associated with the prolonged use of anti-psychotic medication or chronic heavy alcohol use, prior to taking the barbiturate. It is presumed the induction of liver enzymes by these drugs

causes increased degradation of the Nembutal, lowering the concentration in the brain. In these situations, increasing the quantity of drug taken (eg. to 2 bottles, 12gm) may not necessarily hasten the death.

Exit has examined the use of several potentiating drugs which may be dissolved into the liquid Nembutal, removing any possibility of extended coma. The most useful, Dilantin, (phenytoin sodium) is discussed in this Chapter.

Available Forms of Nembutal

As discussed in the previous Chapter, Nembutal is available as both a liquid and a powder. Reagent-grade sodium pentobarbital powder is available from Chinese manufacturers (Fig 19.4)

Sterile, veterinary liquid is most often found in South America. For over a decade, this form of Nembutal has been the most common form used for a peaceful death. (Fig 19.2). Very occasionally, pharmaceutical-grade Nembutal tablets or capsules, originally prescribed as sleeping medication, are obtained although this is uncommon. (Fig 19.3)

Reagent-grade Nembutal is marketed as a white crystalline powder which readily absorbs moisture and is very soluble in water. It is non-sterile and often packaged in small, sealed screw-top plastic containers or loose in plastic sachets. Most people ordering the drug from China (see the previous Chapter) receive 25gm as flat-packed loose powder or in screw-top containers (see Fig 19.4). Note that 25gm is more than enough of the drug to provide a peaceful death for 2 - 3 people.

Administration of Nembutal



Fig 19.2: Sealed veterinary Nembutal



Fig 19.3: Pharmaceutical Nembutal tablets



Fig 19.4: 2 x 12.5gm screw top containers of Chinese powdered sodium pentobarbital

Administration of Nembutal

In contrast, the veterinary liquid form of the drug is designed for intravenous administration in animals to provide anaesthesia for surgery. It is marketed as a sterile clear liquid with a concentration of 60 mg/ml of sodium pentobarbital in alkaline buffered solution with 10% ethyl (or methyl) alcohol and ethylene glycol. The usual packaging is a glass 100ml bottle (clear or tinted glass), sealed with a rubber stopper and metal seal.

Pharmaceutical-grade Nembutal tablets or capsules are normally supplied in a screw top plastic container, showing a date of manufacture of more than 20 years ago, usually long past their expiry date.

Interaction with Other Drugs

Those who take Nembutal for a peaceful death are often taking other drugs due to their illness. When approaching the chosen day to take the Nembutal, an often-asked question is whether any inter-current medications should cease.

There are only a few drugs that are known to interfere with the action of Nembutal. There is generally no need to cease taking other drugs in the preceding days. Nevertheless, it is common practice for those planning their death to cease all but the essential medication in the week before their planned exit.

Chronic heavy alcohol use, for example, can lead to cross-tolerance and may impair the action of the barbiturate. In rare cases, taking another barbiturate, such as the anti-convulsant phenobarb, can lead to the development of a barbiturate-tolerance. In these cases, a larger dose of the Nembutal (12gm powder or 2 x 100ml bottles) would be advised.

Administration of Nembutal

Some drugs enhance the effect of the Nembutal and can even be employed for that specific purpose. An example is the anti-convulsant Dilantin (phenytoin sodium Fig 19.5).

Dilantin is useful as the drug dissolves in water forming an alkali solution which is compatible with the liquid Nembutal. Nembutal of uncertain quality can have its potency enhanced by dissolving 1- 2gm of phenytoin sodium in the solution before drinking. This process is shown in the accompanying video 'Making Nembutal even more effective'. Although Dilantin is a drug that is usually only available on prescription, it is relatively easily obtained through Internet mailing sources. It is not a drug of interest to the authorities.



Fig 19.5: Dilantin 100mg capsules

Other Useful Barbiturates

Two other barbiturates that still find wide (although decreasing) use in medicine can also be usefully employed for a peaceful death. These are the anti-convulsant Phenobarbital, and the anaesthetic induction agent, Pentothal.

Phenobarbital

As discussed in earlier, *Phenobarbital* and *Pentobarbital* are drugs that are often confused because of the similarity of their names. Although both are barbiturates, pentobarbital sodium (Nembutal) is the fast-acting soluble salt. This is the euthanasia drug of choice in all countries that allow assisted suicide

and voluntary euthanasia. Phenobarb is a different drug. In its usual form, phenobarb is a slow-acting anti-convulsant, prescribed when there is a risk of convulsions (eg. brain trauma etc).

Some people will have access to phenobarb, either from their own doctor or from overseas pharmaceutical suppliers. A drink of 10gm (~ 250 of the white 30mg tablets shown in Fig 19.6) crushed and mixed with water will be lethal.



Fig 19.6: 30mg tablets of Phenobarbitone

Note: There is no rapid loss of consciousness, as in the case of Nembutal. The time to death using phenobarbitone can be several hours. If one is found before death, resuscitation is very possible.

Phenobarb can, however, be made more effective by raising the pH of the solution of the crushed tablets. This is done using Sodium Carbonate to convert the Phenobarbital to the more readily-absorbed sodium phenobarbital. If available, 1gm of Dilantin can be added to this drink with good effect.

To reduce the time from taking the drink to loss of consciousness, a second drink made from a benzodiazepam sleeping drug is recommended (eg, Serapax, oxazepam or Mogadon, nitrazepam). Again, alcohol can be an effective supplement.

Administration of Nembutal

Pentothal (thiopentone sodium)

For many years, Pentothal was the main intravenous induction agent used in anaesthesia. Its use has declined in recent years. When given intravenously, most patients are asked by the anesthetist to count back from 10. Few get past 7 before consciousness is lost.

Note: This is the primary drug used in lethal injections in executions in the US. In November 2010, a worldwide shortage of the drug prompted the state of Oklahoma to investigate using Nembutal as an alternative.

See: <http://abcn.ws/dPu2Zr>

Pentothal is marketed as soluble thiopentone sodium powder in sterile ampoules. These are designed to be mixed with sterile water before being administered intravenously. The powder can be dissolved in water and taken orally with rapid effect. 10gm of the drug (the contents of 20 ampoules) dissolves rapidly in ~50ml of water, and if drunk leads to rapid loss of consciousness and death. Alcohol is a useful supplement.



Fig 19.7: 500mg ampoule of dry Pentothal

Exit has tested the vacuum-packing of 10gm of dry sodium pentothal powder mixed with 1gm of phenytoin sodium. This can be easily transported and stored. Reconstitution is then carried out by breaking the vacuum seal and dissolving the sachet of powder in ~50ml of water before drinking.

Conclusion

When rigorous scientific processes are used to establish the purity and efficacy of known drugs, ensuring a reliable and peaceful death, the need for legislative change is significantly diminished. This is because the act of dying well and at a time and place of one's choosing is achievable. However, certain steps must be taken.

When Nembutal has been sourced by the person themselves and then tested and verified by the person themselves, with a view to being taken by the person themselves, there is little role for the medical profession. Whether or not legislation exists also ceases to be of less importance. When the time is right, they will simply go to the cupboard!

The Peaceful Pill Project

Developing a Peaceful Pill

The ongoing difficulties in obtaining the best euthanasia drug, Nembutal has prompted Exit to establish an ambitious research project - the synthesis of one's own 'Peaceful Pill'.

The Peaceful Pill Project has run for several years. Many strategies have been explored and rejected with some significant advances made. In this Chapter we detail this Exit research and discuss in more detail the use of the drug Nembutal for a peaceful death.

The synthesis of a barbiturate-like pill, involves the acquisition of restricted and hard-to-get chemicals and the use of processes that are difficult and occasionally dangerous for the novice. Nevertheless, as the pathways are established and simplified, safer processes are developed and recorded. An outline of the steps required for barbiturate synthesis and assay are described and illustrated where possible with video.



The Peaceful Pill Project

The Nicky Finn

Exit's first trials of the home-made Peaceful Pill – the 'Nicky Finn' - were completed in 2004. Named after the famous Micky Finn drink of the Lone Star Saloon in Chicago in the early 1900s, Exit's Nicky Finn was made from alcohol and nicotine.



The Mickey Finn

Manufactured by chlorinating alcohol and combining this chloral hydrate with pure nicotine, the Nicky Finn should prove highly effective and highly lethal when taken as a drink. Although synthesis was straightforward, the difficulty in testing this untried product left questions about this strategy unanswered.

Changing Focus

A group of intrepid Exit International members launched the 'Peanut Project' in early 2005. Named after an old-fashioned street term for barbiturate (Peanuts), the Peanut Project brought together a group of elderly people to create their own barbiturate. Could they synthesise Nembutal?

How could they make something that:

- they could take orally
- could be manufactured without outside assistance
- would provide a peaceful and dignified death
- would be reliable with negligible risk of failure.

The first Workshop was held at the remote country property of former Australian Attorney General, Kep Enderby QC. The average age of participants was 80 years, although some were in their 90s. Several who participated were seriously ill.

Legal Issues

Setting out to manufacture one's own barbiturate Peaceful Pill exposes those involved to significant legal risk with jail and fines of up to half a million dollars. In most western countries there are myriad laws that make it an offence to manufacture, possess, sell, supply and import certain narcotic and psychotropic drugs.

Penalties depend upon the amount of the drug involved, but usually range from two years jail and a fine, to life imprisonment. In the Peanut Project, there was another additional legal question. If one member of the group ever died using the substance the group had collectively made, would the remaining members be guilty of having assisted with that person's suicide?

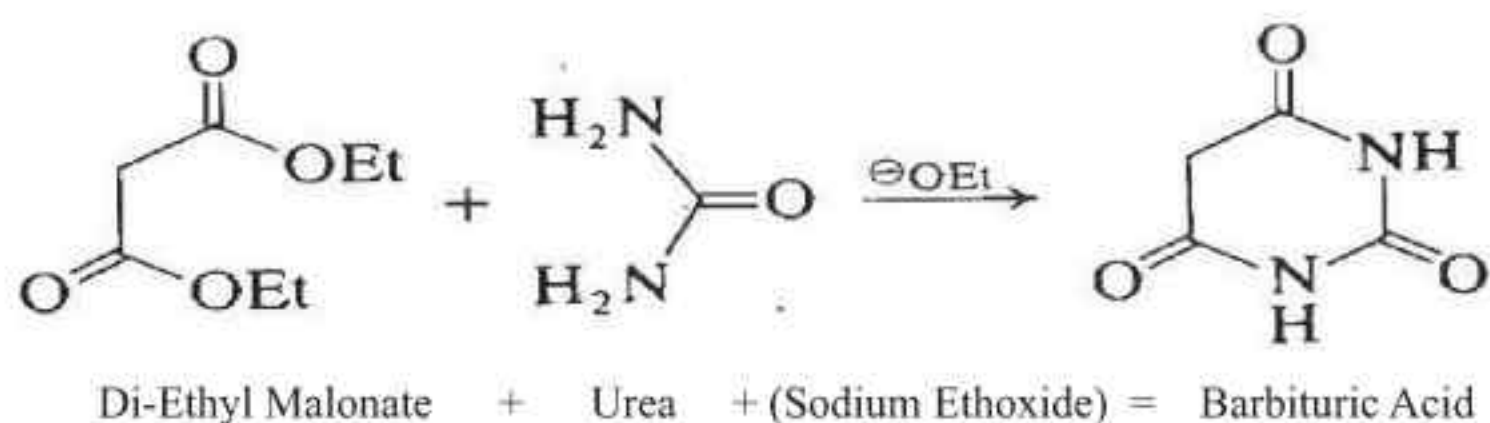
It was stated clearly at the start, that no one in the initial group would make more than they needed for themselves. No one was making a Pill for someone else, and no one would sell any of the substance manufactured. Finally, no one would acquire more than 10gm of the manufactured barbiturate (the common lethal dose). Any excess would be destroyed.

The Peaceful Pill Project

The Chemistry

The processes used for the barbiturate Peaceful Pill synthesis have been known for many years. Barbiturates are derivatives of barbituric acid. This was first synthesized by Adolph von Bayer in 1864, by condensing malonic acid with urea.

An easier method makes use of the di-ethyl ester of malonic acid (di-ethyl malonate) which reacts with urea in the presence of a catalyst sodium ethoxide; a base is formed by dissolving metallic sodium in absolute alcohol (ethanol).



This synthesis is depicted above.

The reaction takes place under reflux for a number of hours at 110°C. Crystals of barbituric acid are obtained by acidifying the reaction mixture, then filtering and cooling the filtrate. Barbituric acid, however, has no physiological activity. The process needs to be taken further to develop a barbiturate that can peacefully end life. The sedative, hypnotic, and anaesthetic properties of the barbiturates are determined by the characteristics of two additional side-arms (or side-chains) attached to the barbituric acid molecule.

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The di-substituted barbiturates of particular interest are amylobarbital (Amytal) and pentobarbital (Nembutal). The process of adding side-arms (di-substitution) needs to be undertaken before the condensation of the malonate and urea.

In Amytal, the two alkyl side arms are (a) ethyl, introduced as ethyl-bromide and (b) 3-methylbutyl, introduced as 1-bromo-3-methylbutane. In Nembutal, the two alkyl side-arms are (a) ethyl, introduced as ethyl-bromide and (b) 1-methylbutyl, produced from 2-bromopentane. In both substitution reactions the malonate is heated, either in a closed pressure system (autoclave) or under reflux first with one and then the second alkyl bromide. In both reactions sodium ethoxide is used as the catalyst.

The final step in the production of sodium pentobarbital or sodium amylobarbital is heating of the resultant di-substituted malonate with dry urea in an autoclave or under reflux for another 12 hours. This is again done in the presence of dry alcohol and sodium. Excess alcohol is removed by distillation and the residue - predominantly sodium pentobarbital, or sodium amylobarbital - is dissolved in water to form the Peaceful Pill.

In all of the di-substitution reactions and in the condensation with urea, it is essential that there be absolutely no water present. Care must be taken to ensure no atmospheric moisture reaches the autoclave or reactor vessel. All substances used must be dry. In particular, the alcohol used in the production of the sodium ethoxide needs to be as dry as possible (super dry).

Equipment

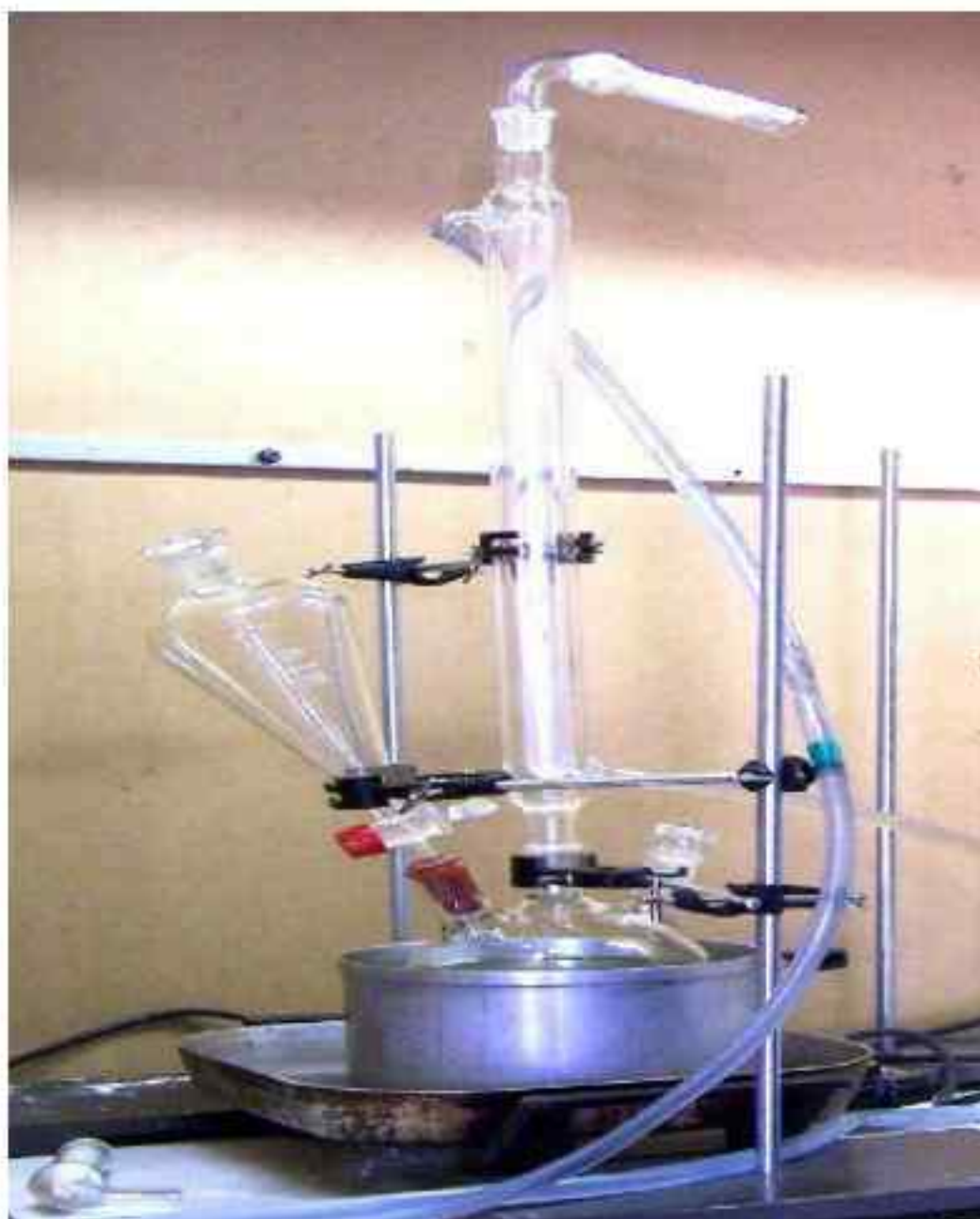
In the original project, the period of prolonged reflux was carried out using a two-litre glass reaction vessel with three Quickfit taper necks (24/29), fitted with an efficient double surface condenser (Fig 20.1). A heating mantle and a means of stirring the mixture and monitoring the temperature were also required. To protect the reacting substances from atmospheric moisture, calcium chloride guard tubes were used. To remove excess alcohol in the final stage, the double-surface condenser was attached to the reactor vessel by means of a distillation head. The alcohol that was distilled was collected in a glass receiving vessel that was also fitted with a calcium chloride guard tube (Fig 20.4). An accurate chemical balance, capable of measuring to 0.1g, was required to weigh out the necessary reactants.

In the subsequent 'Single Shot' project, a specialised stainless steel pressurised reaction vessel (autoclave) was employed. This replaced the glassware and the reflux condenser. This sealed stainless steel vessel (autoclave) allowed the reaction to take place under pressure, shortened reaction time and reduced the problem of contamination from atmospheric moisture (Fig 20.2). Pressure was read directly from the gauge with the temperature in the reaction vessel read via a thermocouple (with an infrared thermometer used as backup).

To remove the substituted malonates from the reaction vessel a condenser was employed. This was made from stainless steel tubing surrounded by a water jacket. Connected to a receiving vessel of stainless steel this was then vented using a calcium chloride guard tube and placed under reduced pressure in the distillation process using a water tap vacuum attachment.

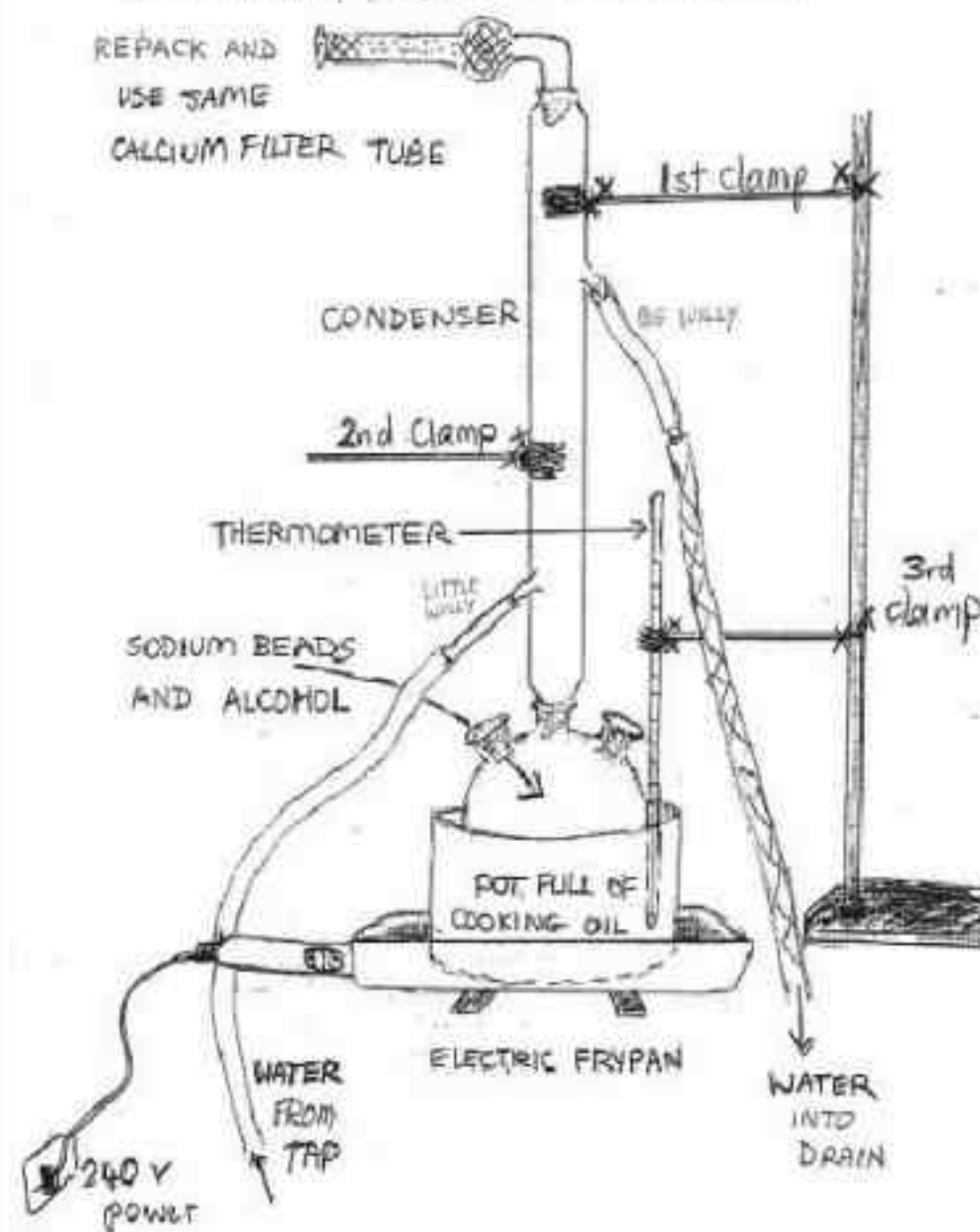
The Peaceful Pill Project

Fig 20.1: Reflux system
used for barbiturate
synthesis



STAGE 5: PREPARING CATALYST

SODIUM BEADS + ALCOHOL IN 3-NECK FLASK.
UREA AND APPLE WILL BE ADDED LATER.



The setup of the glassware for reflux used is shown in Fig 20.1. Note: the presence of the guard tube on the top of the reflux condenser. The distillation setup is shown in Fig 20.3.

The single shot equipment is shown in Fig 20.2. The distillation set-up shown in Fig 20.3

Special Dangers

As with all chemical processes, care and attention to detail was needed at all times. The equipment was clean and dry before use. Many of the liquids used in the synthesis were flammable and naked flames were not used. Heating of the reaction vessel was by way of an electric hotplate. The most dangerous substances used in the process were metallic sodium and the strongly basic intermediary sodium ethoxide. Standard organic chemistry texts (eg. Solomons & Fryhle, 2004) spell out the dangers of handling these substances.

CAUTION: Sodium must be handled with great care and under no circumstances should the metal be allowed to come into contact with water as an explosion and fire may result. Sodium is stored under paraffin or xylene and should only be handled with tongs or tweezers, not with fingers.

Small waste or scrap pieces of sodium can be disposed of by placing them in a bottle containing large quantities of methylated spirits.

The commercial sodium is covered with a non-metallic crust. A sodium press can be constructed to remove this and produce clean sodium wire for the reaction vessel. See 'Betty cooks with Sodium').

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Fig 20.2 (above): The 'Single Shot' Autoclave

- A: Pressure Gauge
- B: Distillation coupling
- C: Pressure coupling
- D: Pressure safety valve
- E: Heat + Stirring
- F: Thermocouple
- G: IR thermometer patch

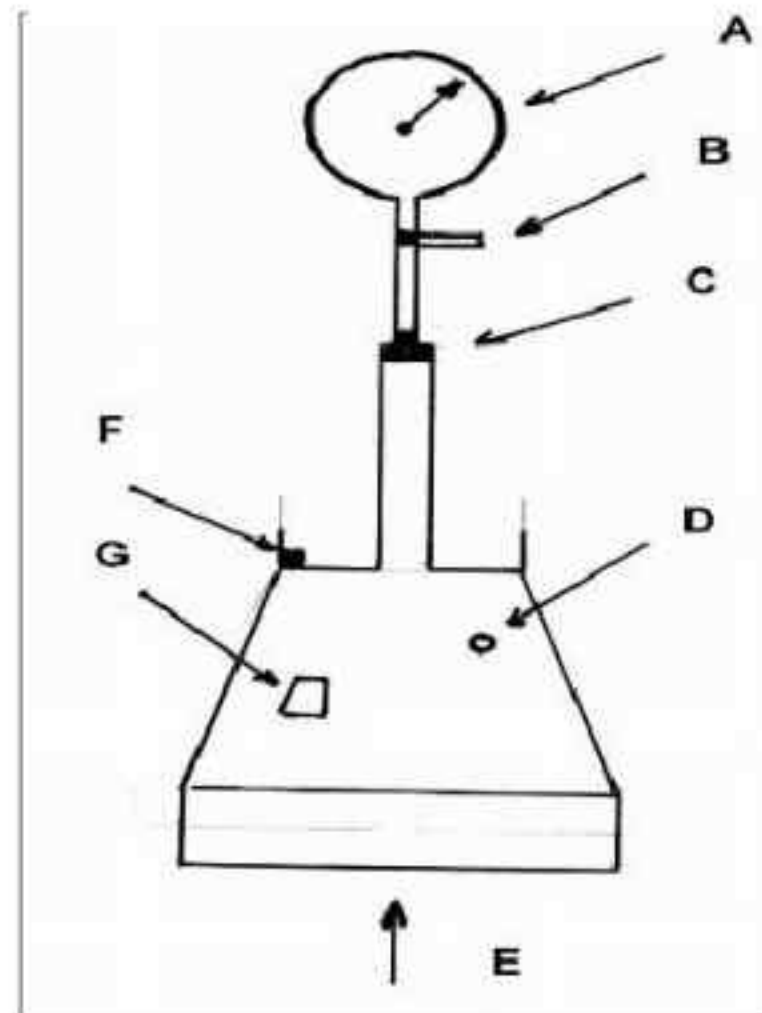


Fig 20.3 (below): Vacuum distillation setup

- A: Autoclave
- B: Heat + Stirring
- C: Condenser water jacket
- D: Calcium chloride guard tube
- E: Vacuum line
- F: Collection vessel

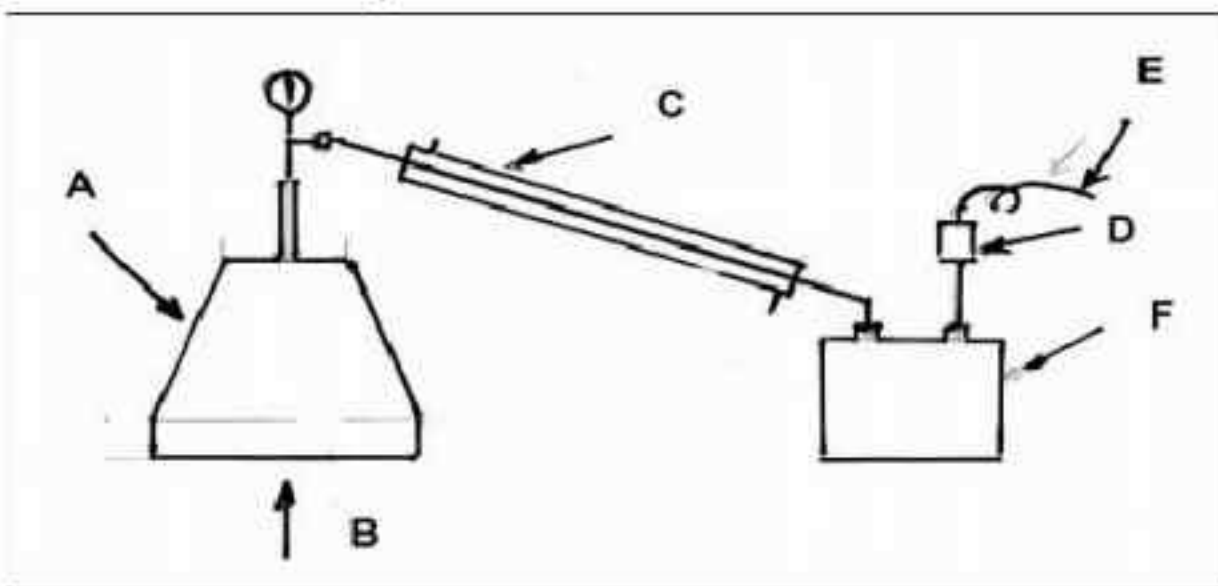
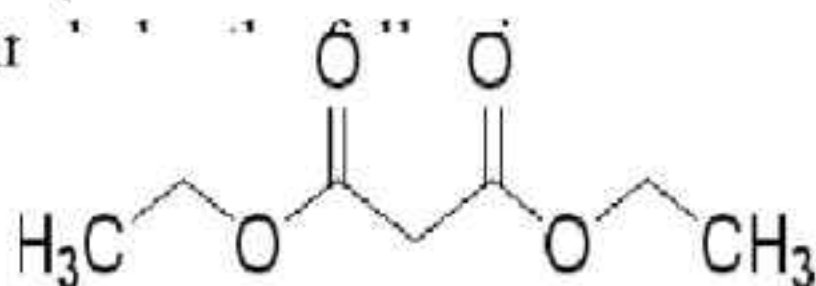


Fig 20.4: Autoclave pressure head

Precursors

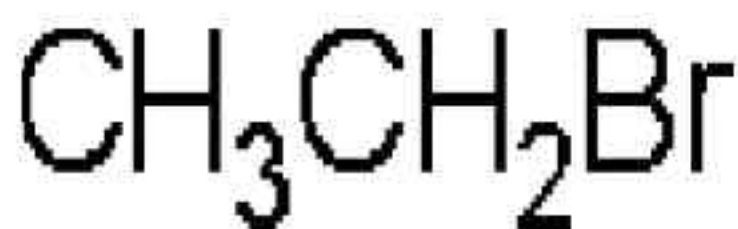
The list of necessary precursors (with their Chemical Abstract Service number, 'CAS No.') is

Di-ethyl malonate
CAS No: 105-53-3



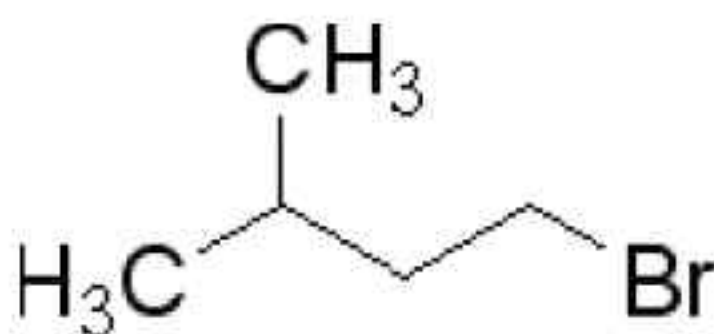
Alkyl sidechains:

a) Ethyl bromide
CAS No: 74-96-4



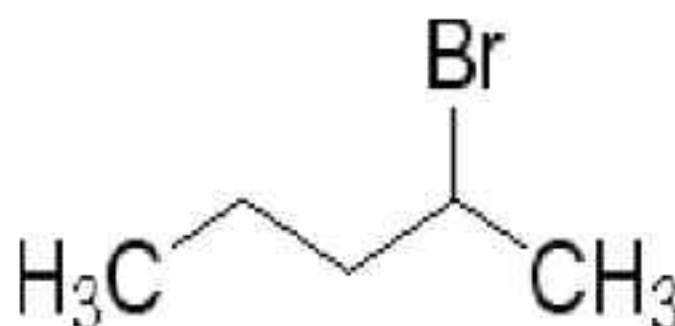
and

b) 1-bromo-3-methylbutane
CAS No: 107-82-4



or

c) 2-Bromo-pentane
CAS No: 107-81-3



Catalyst

Sodium ethoxide
CAS No: 141-52-6



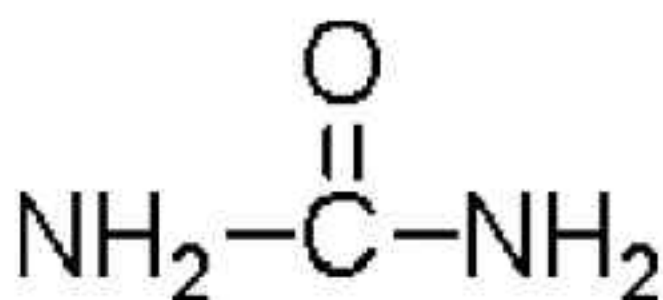
or

Sodium metal
CAS No: 7440-23-5

&

Absolute alcohol
CAS No: 64-17-5

Urea
CAS No: 57-13-6



None of the chemicals required are subject to specific government restriction. Application to a reputable chemical supplier for ethyl malonate and the chosen side-chain alkyl bromides is generally successful provided one can detail a legitimate purpose in the required end-user statement. Some endeavour may be required to obtain the sodium metal and dry ethyl alcohol. Alternatively, the catalyst sodium ethoxide can be purchased.

Authors' note - the chemicals required to make a Peaceful Pill may be classified as 'precursors' for the synthesis of a restricted substance. Possession of significant quantities of these items may be an indictable offence and could result in significant penalties.

Acquiring Necessary Equipment

Laboratory glassware is becoming increasingly hard to obtain. This is a reaction on the part of the authorities to the existence of clandestine laboratories that manufacture illegal drugs (predominantly amphetamines) for commercial gain. The award-winning TV series 'Breaking Bad' is an excellent example of what can occur in the dark underworld of blackmarket drugs. Some of the chemical techniques used in the synthesis of a Peaceful Pill are the same as those used to make illicit drugs.

The synthesis in Exit's projects required a prolonged period of reflux (Fig 20.1). A glass reaction vessel with 3 Quickfit taper necks (24/29), fitted with an efficient double surface condenser was needed. A heating mantle and a means of stirring the mixture and monitoring the temperature were also used. To protect the reacting substances from atmospheric moisture calcium chloride guard tubes are needed. The double surface condenser can be

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Fig 20.5: Glass distillation system



Fig 20.6: Single Shot on *YouTube*

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attached to the reactor vessel by means of a distillation head. A glass receiving vessel, fitted with a calcium chloride guard tube, is needed to collect the distillate (Fig 20.5).

An accurate chemical balance capable of measuring to 0.1 g is required in order to weigh out the necessary reactants.

Distributors of this specialized glassware (eg. reaction vessels with Quickfit necks, double-surface condensers, distillation heads, guard tubes etc) are often required to inform authorities of 'suspicious' purchases. For this reason it can be helpful to know someone who has access to laboratory glassware and glass-blowing skills.

The manufacture of specialised equipment in stainless steel avoids some of these difficulties. The stainless reaction autoclave used in the 'Single Shot' process has been adapted from a coffee pot. This method has since been modified as problems with the process were realized. The equipment now used consists of:

- a stainless steel pressure reactor vessel with pressure and temperature monitor and stirring facility
- a stainless condenser used for reflux and solvent extraction
- a stainless receiving container fitted with calcium chloride guard tubes

Stages in Barbiturate Synthesis

There are three basic steps in the synthesis of a barbiturate Peaceful Pill:

- Step 1: Attaching the first sidechain to the di-ethyl malonate
- Step 2: Attaching the second sidechain to the product of step 1
- Step 3: Condensing the di-substituted malonate with urea to form the required barbiturate

Looking at these steps in more detail

Step 1

In the case of the target barbiturates, Nembutal or Amytal, the first sidechain to be attached to the di-ethyl malonate is an ethyl halide, usually ethyl bromide is used. To form the mono-sustituted malonic ester, ethyl bromide is heated with the di-ethyl malonate in the presence of the required catalyst - the base, sodium ethoxide.

The catalyst may be purchased or made as part of the process. To make the required ethoxide add 5.7g of metallic sodium that has been cleaned by passing through a press - see 'Betty cooks with Sodium' - and 125ml of very dry alcohol.

Into this mixture of dry alcohol and sodium ethoxide add 38ml of di-ethyl malonate and 26g of bromoethane. Heat is applied and the mixture stirred using a magnetic stirrer. In an open system a reflux condenser must be fitted and a calcium chloride guard tube used to ensure no contamination by atmospheric moisture.

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Note: Super Dry Alcohol

Alcohol (ethanol) of the required dryness can be made using methylated spirits as the starting point (95.6% alcohol). Absolute ethanol (>99.5%) is obtained by heating this under reflux with dry (recently fired) calcium oxide. To significantly improve the yield in the synthesis of barbiturates, even dryer alcohol is required. To remove more of the water, thereby converting the 99.5% ethanol to 'super dry' alcohol (>99.8%), use 5gm of magnesium turnings with 0.5gm of iodine in a boiling vessel. Let the magnesium react with ~50ml of the 99.5% ethanol producing hydrogen and magnesium ethanolate. When all of the magnesium has been consumed, the remainder of the absolute alcohol is added, refluxed for 30 minutes, and distilled directly into the planned storage vessel. The resulting ethanol should be better than 99.95%. See the Video 'Making super dry alcohol'.

Step 2

Sodium ethoxide catalyst is again needed in the reaction vessel, and this time 47g of the monosubstituted ester from Step 1 is converted to a di-substituted ester by reflux (or reaction in an autoclave) with the second side chain. For the synthesis of Amytal, this second sidechain is 1-bromo-3 methylbutane. In the case of Nembutal, it is 2-bromopentane, in each case 38g is required.

At the end of this stage the di-substituted malonate is removed again by vacuum distillation. This is 3-methyl-butyl-ethyl malonic ester in the case of Amytal synthesis; 1-methyl butyl-ethyl malonic ester if Nembutal is being manufactured.

Step 3

Sodium ethoxide is again needed in the reaction vessel. For this final step 58g of the di-substituted malonate from step 2 is allowed to react with 15g of dry urea that has been dissolved in hot dry alcohol. The mixture is stirred and heated under reflux. After 4 hours, the excess alcohol is boiled off and the residue dissolved in water and acidified (with dilute hydrochloric acid) to precipitate the insoluble barbiturate crystals which can be washed and dried.

Testing the Product

As with any home-made product, careful testing is necessary. Full reassurance can only come from detailed, quantitative analysis using gas chromatography and mass spectroscopy (GC-MS).

Exit took possession of this necessary equipment in 2008. Apart from the ability to test the products of home synthesis, the equipment is useful in verifying the veracity of old stocks of prescribed barbiturate sleeping tablets, or samples of veterinary Nembutal that have been purchased from dubious sources or have long past their quoted shelf life.

Finally, the Exit Barbiturate Test Kit can be used to demonstrate the presence of synthesized barbiturate. In addition, the purity of dried barbiturate crystals can be tested using a glass capillary in an oil bath. For Nembutal, the melting point should be 129°C. Detailed instructions on the use of the Nembutal melting point test are provided in Chapter 18.

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Fig 20.6: Vials of barbiturate solution for assay using gas chromatography

Legal comment

In the US, manufacturing a controlled substance is subject to state law unless the act is committed on federal property or if the interception is made by a federal agent. This means that the penalty that applies varies according to the jurisdiction. Take California for example. The minimum penalty for the manufacture of a controlled substance is three to seven years imprisonment and a fine of up to \$50,000.

The manufacture of Nembutal is unlawful in many countries. The penalty for manufacture or production of a prohibited drug in Australia varies depending on the State. For example, in New South Wales the maximum penalty for producing more than 10gms but under 50gms is \$220,000 and 15 years imprisonment.

In the UK, production of a Class B controlled drug brings a maximum penalty of 14 years imprisonment.

Swiss Options

- (a) Dignitas - Zurich
- (b) Lifecircle/Eternal Spirit - Basel
- (c) EX International - Berne

Introduction

There is only a handful of places in the world where Voluntary Euthanasia and/ or Assisted Suicide is currently legal.

There are even fewer countries where non-nationals can use another country's right to die law. This is why Switzerland is different and deserves praise for being so.



For example in the US states where assisted dying is lawful, a person must be a lawful resident of the state concerned in order to use the State's law. There is no cross border trade when it comes to assisted dying. The same applies in Canada, Luxembourg and Belgium. There is no possibility of death tourism.

In the Netherlands, however, there is some confusion about who can use that country's *Termination of Life on Request and Assisted Suicide Act 2002*.

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In an article published in the journal *Nederlands Juristenblad* (2017/2035) in November 2017, journalist Leo Enthoven, noted an important change to the Dutch government website on euthanasia.

Up until August 2017 the website stated:

The Act is only applicable to people who have a medical relationship with a physician ... This means that people who do not reside in the Netherlands cannot apply for euthanasia or physician-assisted suicide.

Since August 2017 the same website reads:

It is up to the physician to decide whether this (i.e. euthanasia or assisted suicide) is possible in case [sic] of a request done by a person who does not reside in the Netherlands and has only recently arrived here.

See: <http://bit.ly/2ByH8zp>

Presumably this means that as in Switzerland, non-nationals can use the Netherlands' progressive end of life laws. Finding a willing doctor may be another matter altogether.

Switzerland – Laws & Loopholes

In Switzerland, assisted suicide is dictated by the Swiss Penal Code which states that 'a person who, for selfish motives, persuades or assists another person to commit suicide will be punished with imprisonment up to five years.' And, the Swiss do not discriminate about who is helped, be they Swiss, American or French for example. It is this that has opened the way for foreigners to come to Switzerland to die.

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In terms of the manner of assistance, the drugs may be delivered orally (by way of a small drink) or by lethal injection that is controlled by the person. It is the person him/herself who must flick the switch and start the drugs flowing. Swiss law has allowed assisted suicide since the early 1940s.

Given the legal environment of Switzerland, it is not surprising to find that the country is home to several right to die organizations each of which accepts foreigners as clients. These groups include the well known, 'Dignitas' organisation in Zurich (established in 1998), 'Lifecircle/ Eternal Spirit' in Basel (established in 2012) and little-known 'Ex International' in Berne (established in 1997).

Dignitas

Zurich-based Dignitas is a non-profit member society founded by lawyer, Ludwig Minelli.

Recognizing the limitations of organizations such as 'Exit Deutsche Schweiz' (which only provide their services to Swiss Nationals) Minelli created a organisation that caters for those from many different countries. Dignitas' guidelines state that they assist people who have been diagnosed with a terminal illness, an incurable disease, or who are in a medically hopeless state. Such people may have intolerable pain or



Fig 21.1: Dignitas Director,
Ludwig Minelli

an unreasonable handicap. A person does not need to have a terminal illness to be accepted as a client by Dignitas.

Interestingly, Mr Minelli has recently gone further suggesting that people with mental illness should not be automatically excluded from the Dignitas service as their suffering is real and deserves to be addressed as such.

A Word of Warning

While the theory of allowing a dementia sufferer to decide on his or her own suicide is one thing, the reality of doing this is quite different. Suicide for the mentally ill, not simply those affected by diseases such as Alzheimer's Disease, can be fraught with danger. There is no better example of what can go wrong than the 2008 case of Australians Shirley Justins and Caren Jennings.

In October 2005, a former Qantas pilot, Graeme Wylie, who was suffering from dementia applied to use the Dignitas service. Dignitas contacted Philip Nitschke to assist with a review of Graeme's current medical state. In his report Philip made clear that although Graeme suffered from 'significant dementia, he retained insight into his condition'. One month later, on receipt of the report, Dignitas rejected Graeme's application, stating that they had concerns about his mental capacity. While the organization sympathized with Graeme's wish to put an end to his suffering, they were unconvinced that he had the ability to make a clear and consistent decision in this regard.

Upon his rejection by Dignitas, Graeme's friend of 30 years - Caren Jennings - travelled to Mexico in search of Nembutal for him. Upon her return to Australia, Caren Jennings gave Graeme's partner of 20 years, Shirley Justins, the precious bottle of Nembutal. Later the same week, Shirley Justins gave the bottle

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of Nembutal to Graeme, saying ‘if you drink this Graeme you will die.’ Graeme drank his Nembutal and he died.

After an investigation of some 18 months, and a Supreme Court case lasting seven weeks, the women were respectively found guilty of the manslaughter and accessory-before-the fact of manslaughter, of Graeme Wylie. This was in June 2008.

The Court determined that because of his dementia, Graeme Wylie lacked the capacity to make the decision to die. He did not therefore suicide. Rather, he was murdered. Shirley Justins went on to appeal both the verdict and the sentence. Both were quashed. In 2011, the Public Prosecutor decided against a retrial. In the intervening months, Shirley served her entire custodial sentence (18 months of weekend detention). Such is the way of the law. Caren Jennings, herself suffering from breast cancer, took a Nembutal overdose before her sentencing in September 2008. She was adamant that she was ‘not going to die in jail’.

The lesson here is that if Dignitas (or another Swiss service) rejects a person on the basis of a lack of mental capacity, that person and their family need to be very careful about alternative strategies.



Fig 21.2: The Dignitas Doorbell

The Dignitas Process

As those who have used the Dignitas service have discovered, nothing happens quickly. The Swiss are very particular. Each Canton has an exhaustive list of requirements that the organisation must take special note to comply with. This is why it is best to approach Dignitas well ahead of a perceived need. The application process for Dignitas can be lengthy and drawn out. Dignitas say the average application takes 3 - 4 months, however a six month plus approval period is not unheard of.

The first step to using the Dignitas service is to join the organization. For a one-off joining fee of 50 Euros and a yearly membership fee of 25 Euros, a person can become a member. From there, the person can apply to make use of the service at some time in the future, when/ if the need should arise.

You can join Dignitas by writing to them, emailing or phoning (contact details are given in this Chapter). While a proficiency in German is not mandatory, it will help when dealing with more complex questions. The Dignitas phone reception does have an English language option, but this can lead to an answering



Fig 21.3: The Dignitas House in Zurich

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machine, depending on the time of day that you call. And call-backs in English may take longer.

More than this, though, there is the issue of cultural differences. The authors are regularly approached by people who have contacted Dignitas (and the other groups) and who are frustrated that they get nowhere fast. Some things inevitably get ‘lost in translation’. This serves to make an already complex process more difficult. This is a note of warning.

To make an application to Dignitas, there is a formidable list of documents required. Firstly, you must have your illness fully investigated, diagnosed and recorded and an official medical case history compiled in your home country. Documents required by Dignitas upon application include:

- Birth certificate (issued in past 6 months)
- Passport
- Marriage certificate (issued in past 6 months)
- Medical records (tests and results)
- Medical specialist reports
- General Practitioner medical reports
- Current local government rates notice (to prove place of residency)
- Current drivers license
- Statements from family members (children, grandchildren)

To apply to use the Dignitas service, a person needs to complete the application form and forward this, along with copies/ and originals to the Dignitas office in Zurich.

Note – Swiss authorities insist that at least some of these documents are certified extracts not more than 6 months old, and some may need to be verified by a Public Notary. Be prepared to do a fair bit of running around to gather the paperwork together.

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Upon receipt of the application, Dignitas reviews each applicant's situation. If deemed suitable, a provisional letter of acceptance will be mailed to the client. This is called the 'green light'. It is at this point that plans for travel to Zurich can be made.

Upon Arrival in Zurich

Upon arrival in Zurich, an appointment is made with one of a number of consulting physicians who work in conjunction with the organization. These medical doctors are independent of Dignitas and work from their own rooms.

There is a detailed meeting with the consulting doctor and the medical records are re-examined (by a second doctor). If relatives or loved ones have accompanied the person to Dignitas, the doctor will likely interview the family members and/ or friends. Don't be surprised if you are interviewed together, then individually, then together again.

Once the medical consultation has taken place and if the doctor is satisfied, a prescription for pentobarbital will be written. However, the drug is not handed over to the person at the time of the consultation with the doctor. Rather, approval at this stage means that a final appointment can be made. This appointment is when the person will die. The doctor's approval means that the drug will be available for consumption by the person at the Dignitas house on the chosen day.

The Final Appointment

The final appointment is held at the Dignitas house in the outer Zurich neighbourhood of Forch. This appointment can take

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place quite quickly after the medical review, sometimes the following day. A third member of the Dignitas team may arrive during the appointment and deliver the drugs that will be used. Two Dignitas staff will be present at the death. The death will be filmed.

The Drugs

As is the case in all places where assisted dying is legal, the drug that is used at Dignitas is Nembutal (pentobarbital natrium). There is no argument that this is the best end of life drug. A prescription will have been written out for this drug by the consulting doctor who saw the client. The prescription will be filled by Dignitas staff on the person's behalf.



Fig 21.4: One of two rooms at the Dignitas House

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It is the Dignitas staff who produce the Nembutal at the final appointment. At the pending death, Dignitas staff will dissolve the pentobarbital powder in a small glass water to form a drink. This is done when the person indicates for a final time that it is their wish to go ahead with their death.

The Pentobarbital used by Dignitas is the soluble sodium salt and 15gm are dissolved in ~50ml of water just before use. The concentration of Nembutal in the liquid consumed is 300mg/ml. The amount consumed is ~50 mls which is no more than a few mouthfuls. Note: This dose differs significantly in concentration from the sterile veterinary anaesthetic Nembutal. Anaesthetic Nembutal has a concentration of 60mg/ml, about 5x weaker than that used by Dignitas.

Dying at Dignitas

Once the client and their family and friends arrive at the Dignitas house for the final appointment, a few further tasks must be attended to. Firstly, additional legal paperwork is completed concerning informed consent, power of attorney and forms to release the body. This final hurdle clears the way for the death to take place.

At this time, the person (Dignitas client) reads, approves and once more signs papers indicating that they know what they are about to do and indicating that they are acting of their own free will. Their signature is witnessed by those present. After the completion of the paperwork, the Dignitas staff explain again that the person can opt out at any time. The client is asked if they'd prefer to stay seated around the table or if they'd like to lie down. Either way, it is the person who determines what happens next and how it happens.

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The Dignitas rooms are bright and airy. They are decorated in warm light colors. There is a coffee machine and CD player for those who wish to have music. And in case you forget to bring your own music, there is even a Dignitas CD compilation of well known relaxing popular music, in case you feel that music might be a valuable last minute addition.

Once the person indicates that they wish to go ahead, the staff set up a video recorder on a tripod in the corner of the room. All proceedings from this point are recorded. This is done to provide evidence about the death if questions are asked as to its voluntary nature.

After the death, the Swiss police may view the tape to ensure that no pressure or coercion took place. With the camera rolling the person is then given access to the first of a two-step drug protocol. The first drug is an anti-emetic (anti-vomiting drug) and is taken in the form of a small drink. The drug provided is metoclopramide. This drug is taken as a 'stat dose' meaning in a large quantity all at once.

The Dignitas staff place the glass on the table. It is for the person to reach for the glass and take the drug if they wish. After this drug is swallowed, a half an hour is needed for it to take effect before proceeding. This time can be very stressful and the Dignitas staff are skilled in providing a calm environment for the person and their family/ friends.

When the time has passed, the person is then given access to the Nembutal. Once again, the Dignitas staff ask if the person wishes to proceed and reminds them that they can opt out or change their mind at any time. If the client says 'yes', a staff member will place the small glass of the dissolved pentobarbital sodium solution on the table.



Fig 21.5: Dr John Elliott and his wife Angelika in Switzerland shortly before his death

In January 2007, the authors accompanied US-born former physician, Dr John Elliott, to the Dignitas clinic. Dying of Multiple Myeloma (a cancer of the bone marrow), this 79-year old man's last weeks had been a nightmare of untreatable pain. John desperately wanted release from his suffering.

When staff presented John with the glass of Nembutal at the Dignitas apartment, he reached for it quickly. However, John had a problem with gastric reflux, a condition associated with the palliative radiation therapy he had undergone some weeks earlier.

Afraid that he would vomit, John needed significant reassurance that he could manage the small drink. He was pleased when he was able to consume the 50ml drink with little difficulty. Prepared for the much talked about bitter after-taste, John finished the Nembutal, saying 'that didn't taste too bad.'

Because John's favourite drink was cognac, everyone shared his final moments with a toast to his 'exit'. Not only did the cognac take away the drug's after-taste, it made the Nembutal work faster.

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We clinked glasses while John's wife Angelika held him. John nodded peacefully off to sleep. John Elliott died within the hour. John's journey has been captured in a short film called 'Flight to Zurich.'

See: <http://www.youtube.com/watch?v=1j4c6aVFfUk>

After it's Over

About an hour after John died, a Dignitas staff member performed several simple tests to confirm death. Once this was established, the staff called the police who arrived with a medical doctor and an officer from the Coroner's department. The funeral home was also contacted at this time.

In all deaths, those present are asked to leave the room while the doctor examines the body. The police may view the video tape of the death and interview those present about the nature



Fig 21.6: John Elliott on arrival at Zurich Airport

of the death. Was the death peaceful? Was it voluntary? Did it go according to the person's wishes?

Once all questions are answered and the officials are comfortable, the family and friends of the deceased person can leave. The body is then removed to the funeral home, in preparation for either cremation or transportation back to the person's country of origin.

Dignitas and the Swiss Law

While the statistics tend to vary, Dignitas say that around 500 people use their assisted suicide service each year. Although there have been a handful of situations where a person's family has become disgruntled with Dignitas (these cases have been reported at length in the international media), most people would be grateful to the compassionate team of workers at Dignitas who make this choice possible.

If you are thinking about using the Dignitas service, there are several points to note. Firstly, it is important to understand that Dignitas does not provide lethal injections. At Dignitas, the client must be able to act for themselves and consume the lethal drug unassisted. This means that unless a person is able move their arms to lift the glass to their lips, or suck on a straw, or swallow, or empty the drug into their own stomach 'peg', then Dignitas is not the service for them. At both Lifecircle/Eternal Spirit or Ex International a lethal injection is possible although the person themselves must be able to activate the flow of drugs into the vein.

Swiss Options

Remember, at Dignitas there is no doctor present at the death. Once a person has been accepted by Dignitas, this is very much a DIY model of operation. Interestingly, Dignitas Founder, Ludwig Minelli, has a background in law not medicine. Dignitas provides a relatively de-medicalized model of dying.

In the authors' opinion, the popularity of the Dignitas service is likely to continue. Although for west coast Americans, Australians, New Zealanders and South Africans the sheer distance involved means that Dignitas is unlikely to be first choice because of the logistics involved.

Dignitas: Looking Forward

In March 2011, the good people of the Canton of Zurich went to a referendum to decide if the Dignitas service should continue to accept foreigners as clients. Despite grave fears, the population voted overwhelmingly (78%) to maintain the status quo allowing foreigners access to Switzerland's assisted suicide services.

Media reports about this positive development can be found at:

<http://www.bbc.co.uk/news/world-europe-13405376>

<http://bit.ly/lcpjpb>

What does Dignitas cost?

At the current time, the Dignitas organization charges a one-off joining fee of approximately €50 and an annual member contribution of at least €25. The current cost of the Dignitas service is just over €10,000.

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Dignitas Contact Details

Address:

PO Box 9, CH 8127

Forch, Switzerland

Telephone: 0011 41 44 980 44 59

Fax: 0011 41 44 980 14 21

Email: dignitas@dignitas.ch

Website: <http://www.dignitas.ch>



Fig 21.7: Drs Philip Nitschke & John Elliott take a walk in the countryside outside of Zurich shortly before John's death in January 2007.

The Lifecircle/Eternal Spirit Process

(contributed by Sophie Haesen)

In recent years, a second assisted suicide service that caters for foreigners has emerged. The association 'Lifecircle' was created in the Basel region of Switzerland in 2011 and is thus the newest right-to-die organization in Switzerland. Its founder is Dr Erika Preisig, a general practitioner and former consultant physician for Dignitas.

Lifecircle is an association established under Swiss law. Its philosophy involves a commitment to human and self-determination in the often difficult circumstances that surround the end of life. Membership is open to any person over 18 years, and can be obtained via the website or by sending a letter/email requesting membership and indicating name, date and place of birth, address and nationality.

A yearly membership fee of 50 CHF (Swiss Francs) is payable or 1000 CHF for life membership.

Upon joining Lifecircle, members are invited to send a copy of their living will. This is then stored in the association's archive and is accessible via the internet in case of need.



Dr. med. Erika Preisig
Family Doctor FMH
President association *lifecircle*

The Lifecircle Process

Members of Lifecircle can apply for an assisted death as provided by the group's sister foundation, Eternal Spirit. The following conditions must be met:

- The main diagnosis must be physical (not psychiatric)
- The member must be of sound judgement

AND

- either terminally ill

OR

- suffering unbearable and uncontrollable pain or have an unacceptably incapacitating disability.

Family members must be informed although, unlike Dignitas in Zurich, they are not required to give their consent to the assisted suicide. This is an important difference to note!

The application must also include:

- a detailed motivation letter and biographical brief, signed and dated,
- at least two medical reports containing all diagnoses, one of which should be recent,
- a recent confirmation of sound judgment written by a doctor, which is eminently important for (early) dementia sufferers,
- valid passport or identity card of member and member's spouse if married,
- birth certificate (multilingual CIEC/ICCS format, for more information see www.ciecl.org) of member and member's spouse if married,
- depending upon civil status: marriage certificate, spouse's death certificate (multilingual CIEC/ICCS format), divorce certificate.
- The certificate of residence issued by civil registry office of residence (phone bill or driver's license is not sufficient).

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The medical and administrative documents can be sent as copies, the originals can be brought in person to Switzerland.

As the compilation of all these documents may take some time, it is best to start this process several months ahead. For example, the requested information may need to be resent in a revised format acceptable by Swiss law. Medical records can also often take some time to obtain and collate.

After receipt of the request to die, and payment of an initial fee of 3000 Swiss Francs (CHF), the member's file will be given to a Swiss physician who will decide upon the 'provisional green light'.

In the course of the acceptance process, phone calls or Skype conversations may be required to supplement the information contained in the written documents. If the application is not accepted (for whatever reason), a refund of 1000 CHF will be made. This excludes costs such as doctors' fees which need to be covered, irrespective of the outcome.



Fig 21.8: The house of the Eternal Spirit Foundation in Basel.

After the 'provisional green light', a date for the assisted death can be fixed. Before coming to Switzerland, the member will be required to pay a second installment of 7000 CHF. Members who are in a difficult financial situation can apply for a partial or total exemption but will need to send financial statements as justification. The board of Eternal Spirit will then decide on a case-per-case basis.

Upon arriving in Basel in Switzerland, the person attends two consultations with two different doctors. These consultations are organized by Eternal Spirit and are required by Swiss law. The second consultation needs to occur at least two days after the first consultation to ensure that the member has not changed their mind in the interim. It is normal for the member and family to book in to a Basel hotel for two or three nights' minimum.

The medical consultations usually take place in the doctor's own rooms in the Basel region. In exceptional circumstances, the consultations can be arranged at the place where the member is staying.

During the consultations, the person's medical records and current situation will be reviewed. If the second consultation is deemed satisfactory by the consulting doctor, a prescription for a lethal dose of pentobarbital sodium (NAP) will be provided to Eternal Spirit. The drug will then be available for the 'accompaniment' (assisted death).

live self determined – die self determined

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At Eternal Spirit, the death will take place in a house belonging to the organisation. Upon arrival, a final round of paperwork will need to be completed. This is required by Swiss law. After this is completed, the member and his/her loved ones can spend some time in the room, talking or listening to music, drinking tea, coffee or even champagne.

The death will usually take place on the morning following the second medical consultation. It is normal for a doctor and at least one other Eternal Spirit staff to be present. The member must be accompanied by at least one friend and/or family member; any of whom can choose to be present at the moment of dying, or leave the room immediately prior. Once the person has died this person will need to identify the body.

Eternal Spirit recommends the intravenous administration of pentobarbital. This avoids the need for anti-emetic (anti-vomiting) medication. This method allows a very fast death to take place, normally within a few minutes. This sets Lifecircle apart from Dignitas which insists on oral administration. (ExInternational prefers oral administration but does consider intravenous when absolutely necessary (ie if the person cannot swallow)).

However, if the member prefers to take the Nembutal orally by mouth, this is also possible but is not preferred. In all cases, the important point is that the person must administer the drug him or herself. This can be done by opening the valve on the intravenous drip. For quadriplegics, the valve can be activated via a special interface.

When the person is ready to die, he/she will lie down on the bed. The doctor will insert the IV cannula (with a saline solution). The member will then be instructed on how to open the valve. Once

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this process is fully understood by the person, the Nembutal will be added to the saline solution.

A camera will be set up in order to record the following procedure in which the person will be:

- asked to state his/her name.
- asked for the reason why he/she has come to Eternal Spirit
- asked what will happen once the valve is opened.

By recording these preliminary steps, Lifecircle/ Eternal Spirit seeks to ensure that the death will be deemed voluntary; that is, it has been carried out by the person themselves, and that he/she has been fully cognizant of the consequences. The video will be shown to the police after the death.

An hour after the person's death, Eternal Spirit staff will inform the local Swiss police that a non-natural death that has occurred. This is required by Swiss law. Police will then arrive along with a representative of the Public Prosecutor's office and a forensic doctor. At this point, family/ friends will be asked to leave the room, while the forensic doctor examines the body.

Once the police leave, a funeral home will be contacted and the body will be collected soon after. The body is then disposed of as per the member's wishes. This includes cremation with the ashes to be sent to a nominated person. Alternatively, the person's ashes can be scattered in a peaceful forest in Switzerland. While the body can be transported back to the person's home country this process will incur significant additional costs which should be costed for well in advance.

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Other practical considerations for those coming to Basel to die at Lifecircle/Eternal Spirit is that the organisation is not able to organize travel tickets or book hotel rooms. These tasks remain the responsibility of the person and their family/friends. However, the addresses of hotels close to Lifecircle/Eternal Spirit can be provided.

The Lifecircle website provides information about the service in German, English and French. Staff speak at least two of these languages. This enables communication with those from countries such as the US, the UK, Canada, Australia and New Zealand. As Lifecircle/Eternal Spirit is a small organization, it is best that initial contact is via email. Only then can communication take place via phone or Skype.

Lifecircle/ Eternal Spirit Costs

As with Dignitas, an assisted death at Lifecircle/Eternal Spirit is around 10,000 euro. Exit understands that this was the deliberate intention by the Founder not to undercut Dignitas in price.

Lifecircle/ Eternal Spirit Contact Details

<http://www.lifecircle.ch>

http://www.lifecircle.ch/pdf/lifecircle_Interview_EN.pdf

EX International

EX International is a third assisted dying organisation to cater for foreigners. EX International was established in 1996. In September 2016, the authors met with EX International to discover more of each organisation's activities. The authors were then invited to tour the premises in Bern, Switzerland.

The following review of the organisation is based on both publicly available information and first person communications. The organisation is extremely sensitive to any type of publicity of who they are and what they do. This exists to the extent that the group has a rather rambling landing page (exclusively in German) as the totality of their website. Persevering with this first impression, however, reveals an organization with its heart in the right place and who may well be able to provide a caring and helpful environment for an assisted suicide.



Fig 21.9: ExInternational Website

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Membership of EX International

On application for membership (there is a one off joining fee of €100), the applicant will be sent a 'brochure' which details the philosophy of the group along with the procedure for membership, required patient information, waiting periods and of course the cost.

The group understands that membership might be requested for the following reasons:

- A person may not wish to endure a 'painful illness through to its bitter end';
- A person may not wish to become 'dependent on others'; and
- A person may not wish to be 'subjected to extreme medical technology'.

Assisted suicide is defined by EX International as the person acting autonomously to take the 'medical drug' (Nembutal). 'Active euthanasia' (where a lethal injection is administered by another person) is not provided. While the group does not exclude assistance for psychiatric suffering, there is the proviso that the person must be 'capable of judgement' and 'not in the care of the health services' (presumably mental health services).

To join EX International, one sends a recent passport photo, along with the registration form and payment. The person will in turn be requested to complete a 'disposition in contemplation of suicide' form. This is to establish a history of consideration in regards to an assisted suicide. EX International advise that this form should be reviewed periodically for the purpose of creating and maintaining this history. A living will is also strongly recommended.

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In the authors' opinions, EX International sets itself apart from Dignitas and Life Circle in a number of ways.

Firstly, EX International say they can act quickly and be reactive to the individual needs of a dying person. While the Dignitas 'green light' can take many months to acquire, at EX International the process is claimed to be quicker. This might be particularly useful for those with little time left. At EX International there is no designated 'waiting period' between joining the group and receiving an assisted suicide. What is required is that the decision to take one's own life must be a long-held sentiment.

Another important factor about EX International is that while the involvement and support of family and friends is considered important, the Ex International brochure states that it is the 'autonomy of the patient wishing to die [that] takes precedence!' This suggests that it is not necessary for extended family to be supportive of the person's decision to seek assistance.

The process for using the group to die is much the same as for the other two services (although there is some suggestion that one may travel to Bern without prior to the organization giving the official 'green light' of prior approval. Instead the approval may be organised on arrival). The death takes place at the organisation's designated rooms in Bern. These are similar to those at Dignitas. There is the same white leather furniture, the same bright walls, the same floral soft furnishings.

As with Dignitas and Life Circle, one should also expect much to-ing and fro-ing in communication (email, phone, skype video) in the lead up to the planned death. Once in Switzerland the person will visit one of the doctors linked to the group. A volunteer from EX International will accompany the person on this visit. The visit is critical to confirm the person's medical condition, the constancy of their request for assistance to die and

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Fig 21.10: Dr Philip Nitschke & Professor Avril Henry at her home in Devon,UK

their mental capacity to make the decision. The outcome of the visit will be a prescription for Nembutal. This will be provided to the volunteer for later use by the patient.

EX International came to the authors' close attention after former Professor of English medieval culture, Avril Henry, asked Dr Philip Nitschke for assistance with her application. At this time 81-year old Professor Henry was toying with two decisions as her health and quality of life were rapidly deteriorating. Professor Henry was needing to decide if she would go to Bern for an assisted suicide, or if she would try to import illegal drugs into the UK. Professor Henry was desperate to die in her own home and to be buried in her orchard. As history tells it, Avril opted for the latter. The UK media carried significant coverage of her death. See below.

See: <http://bit.ly/2dbW5em>

Before Avril made the decision to abandon the Swiss option, however, she was involved in a backwards and forwards communication with the volunteers at EX International.

Professor Henry sought Dr Nitschke's help because she was 'frustrated' at the lack of clarity surrounding the required

paperwork. For example, was or was not the signature of a British GP on a medical record required? This type of to-ing and fro-ing can be especially problematic when the conversation is delicate and one does not wish to offend. And given it is across languages and cultures. As Professor Henry put it:

I was reluctant to let her know how fractured her English is (especially as my German is not fractured because I haven't any!)

Professor Henry was also uncomfortable with the offer from EX International that she pay a sum that suited her. The arbitrariness of this amount left Avril feeling anxious and confused. On the one hand she was happy to pay whatever it took, she simply needed clear guidance. Given that Avril's quality of life was fast deteriorating (as a result of poly-pathology rather than terminal illness) and the sheer effort of daily life was fast-zapping her energy and concentration, this 'lost in translation' was especially unwelcome. It should be noted that this phenomenon is not unique to EX International. Others have reported similar confusion when dealing with the other organisations.

EX International Costs

Another feature of EX International is that they are significantly cheaper in price compared to the other two organizations. While EX International is keen that their actual fees not be published in the *eHandbook*, it is safe to say that they are 25 - 30 percent cheaper than their 'competitors'.

In addition, EX International has established an 'Aid fund for the less well-off' on the grounds that 'no member should have to

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renounce to [sic] a dignified death due to lack of money'. This is commendable and may mean that EX International is a real option for those who would not otherwise have the resources for an assisted suicide in Switzerland.

That said, for most people a trip to Switzerland will never be a cheap option. In some ways the Swiss realise this and are prepared to work with small budgets to accommodate those who are less well off. Then again, it is not a good look to be making money out of helping people to die. From the authors' perspective the ongoing criticism of all Swiss assisted suicide organizations is unfair given what is being offered; not to mention the legal and ethical minefield that surrounds such activities.

In Summary

While, on the one hand, EX International is a rather secretive organisation operating on the outskirts of Bern, on the other hand their politics concerning a person's 'right to choose' cannot be faulted. In this respect the group openly states that they seek to provide 'a new freedom of choice' through choice itself. This means that by merely knowing that choice exists a person may relax, feel less anxious and ultimately die a natural death. This seeming irony is close to the authors' own hearts. Access to information and choice over one's death can help us live longer and happier lives.

EX International Contact Details

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Fax 0041 (0)31 311 71 24
info@exinternational.ch

Legal comment

While assisted suicide is lawful in Switzerland, there have been prosecutions against those who have assisted/ sought to assist a person to travel to Switzerland for this purpose. The experience of Irish woman Gail O'Rorke is discussed in detail in Chapter 2 'Suicide and the Law'.

In 2010, the then UK Director of Public Prosecutions, Keir Starmer, released guidelines advising who would/ would not be likely to be prosecuted for assisting with a suicide. These guidelines came about after MS sufferer, Debbie Purdy, sought clarification in the British courts in regard to the legal liability of her husband, should he have assisted her to go to Switzerland. Debbie died before she could make the trip.

Conclusion

Switzerland remains the only place in the world where a non-resident person who is terminally ill or suffering unbearably can travel to get help to die. Fortunately, the Swiss show no signs of changing this act of international largesse. For this they are to be congratulated.

However, dying in Switzerland is never going to be everybody's first option. Not only is an arduous trip to a foreign country required. But one must time one's run. The person must be sick enough to qualify for these organisations' requirements, but not so sick that they cannot make the trip. This process also locks the person into a specific day or set of days on which to die. And if the person changes their mind, they must make an expensive and stressful trip back home to the other side of the world.

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For Jay, Switzerland was always going to be a one way trip. He did not have the money to go and then come back to Melbourne. So great was this dilemma that Jay has since returned all the money raised for him for his trip. Today he is taking his chances with obtaining Nembutal illegally, because at least this way he can stay at home and he does not lock himself into dying prematurely.

Jay's story has been extensively reported and can be viewed at these links:

The Age 'Jay Franklin is pleading for help'

<http://bit.ly/2ci8xMm>

ABC 4 Corners 'My own choice'

<http://ab.co/2cKcps1>



Fig 21.11: Jay & Bertha Franklin campaigning in Melbourne for the Voluntary Euthanasia Party, 2016

Final Considerations

Introduction

With a lengthening of the lifecourse, many older people have strong opinions against being kept alive by modern medicine well beyond their ‘use-by’ date. Many of us have seen family and friends living longer but sicker lives and we ask what for? What is the controversy in wanting to opt out earlier than nature (or more likely heroic modern medicine) allows? At Exit we believe that every rational adult should be allowed to make the fundamental, individual choice about when and how to die.

The aim of *The Peaceful Pill eHandbook* is to help ensure that one’s death may be peaceful and reliable and at a time of one’s own choosing. Our aim is also to ensure that the aftermath of a death is not unduly complex for those left behind. While we would like to say that we can help with stress levels, sadly this would be one step too far.

The ways in which each family deals with the loss of a loved one, even if their death was planned, is uniquely individual. This Chapter can, however, provide a few pointers in the context of the book’s overall aims. To this end, this Chapter discusses issues such as suicide notes, death certificates (and how to

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avoid the police becoming involved), the legal issues associated with the cleaning away of equipment, autopsies and coronial inquiries. This Chapter is not intended as legal advice. Rather, we hope to offer some important advice on how to safeguard your elected death while ensuring its aftermath is least traumatic for all concerned.

Do You have the Mental Capacity to Die?

One important factor in dying is ensuring you have the mental capacity to do so. If you have been diagnosed with dementia, for example, the authorities may try to prosecute those left behind. That is, if you were not able to make the decision for yourself, did your friends or family coerce you or decide now was the time for you to die on your behalf? Always be careful.

Indeed, in conventional medical circles, open talk about taking your own life can lead a person to be being certified as mentally incompetent. The mere mention of suicide is considered a symptom of a deeper underlying psychiatric illness (including depression). While one relatively recent psychiatric Canadian study found almost one third of suicides to be rational acts, such a finding is not widely accepted, at least within the medical profession.

See: <http://bit.ly/CanSuicideBeRational>

Suicide Notes

One way that the question of mental competence can be addressed is by way of a well-expressed suicide note. Especially if you do not mind that your death is recorded as 'suicide'.

A suicide note is a statement of intent (in written, video, oral recording or other social media form) that outlines why a person ended their own life. The note will offer insight and explanation for those left behind, including, if necessary for the authorities.

When considering how or what to include in a suicide note, the following points may be helpful. One could say:

- The decision was the result of careful consideration
- No other person was involved in this decision
- The decision was not influenced by outside pressures
- If the person was suffering from a serious illness this should be mentioned
- In short, paint a picture which any reasonable person would be able to relate to and sympathise with.

Once the note has been signed and dated, it is wise to make a few photocopies. If written, give or mail copies to close friends (if you have told them of your plans). Or use a sealed envelope and ask them to 'keep it safe'. That way you need not reveal the exact date and time of your plans. If you are in contact with a lawyer you could also give a sealed envelope to them also. Leaving your note hidden in a drawer in your home is another possibility. Let someone close and supportive know it is there to be used 'just in case' questions are asked.

A well written suicide note will not only help confirm that you knew what you were doing - that you had mental capacity to die - but it will help keep others safe. It is much more difficult

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for the police to charge a loved one with helping you suicide - even if they were with you when you died - if there is a first-hand statement by you outlining why you did what you did. If you don't mind that your death will be known as a suicide, then the note can be left somewhere obvious.

Death Certificates

If a death takes place outside of a hospital, hospice or other medical institution (eg. at home), it is normal practice upon 'discovering' the death, that the local doctor be called. Upon arriving at the house, the doctor has two formal duties.

Firstly, the doctor will confirm death. They will do this by carrying out a number of simple tests to establish that the person is indeed dead, not simply in a catatonic or comatose state.

Having confirmed death, the next duty is to sign the death certificate. There is a number of requirements that must be satisfied before this can be done.



A suicide note

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Firstly, the doctor must know why the patient has died. Clearly, if you have cancer, your death will not seem suspicious and your death certificate should be signed by your doctor. No further questions asked.

However, if you have died for no apparent reason, even if your death looks to be natural, the doctor will not be able to sign your death certificate. That said, where 'the elderly' are concerned, old age can be a good substitute for a terminal diagnosis.

One way of working towards your advanced age being substituted as your 'cause of death' (despite the real cause being suicide) is to visit your doctor shortly before you decide to end your life.

You might complain of chest pain or shortness of breath. Plenty of elderly people die of pneumonia. It is not called the 'older person's friend' for nothing. Presenting to your doctor with the symptoms of pneumonia is a good way to plant the seed in their mind. Then, when they find that you have died peacefully at home a few weeks later, they may add 2 and 2 together and the rest is history.

The visit to your doctor will also serve another important purpose. In most countries, a doctor will only be able to sign your death certificate if they have seen you in a professional capacity within recent weeks or months before your death. While the exact time period requirements change depending upon your country or state, the object is the same. Your regular, treating doctor will need to have seen you 'recently'.

In the 2018 trial of Suzy Austen in New Zealand, the person Suzy was accused of assisting to suicide had not seen her regular doctor before she died. Indeed, her regular doctor of many years

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had since retired. While Annemarie's death might have looked natural, there was no way the attending doctor was going to sign her death certificate.

The lack of a recent doctor's visit and, more importantly, the lack of a known cause of death (at least prior to any autopsy being performed) meant that the police would become involved. On this occasion, the involvement of the authorities led to Suzy Austen being charged with assisting in Annemarie Treadwell's suicide.

All other things being equal, Suzy may not have found herself charged had Annemarie visited her doctor complaining of chest pain and shortness of breath in the weeks before she died. After all, at 77 she was no 'spring chicken'.

What if the Death does not look Natural?

If the doctor suspects that the death is *not* natural (eg. if the death is possibly a suicide or if the cause of death is unclear) the doctor will certify death, but he/she will not sign the death certificate. In this case, the doctor will likely notify the police and the Coroner's office. This is not necessarily a cause for alarm especially if a suicide note has been left by the deceased and the cause of death obvious (eg. if the bottle of Nembutal is by the bedside).

If there is a well-written suicide note, the police may do no more than question those present about their relationship with the deceased. This questioning may be either informal at the home or more formal and 'under caution' at the police station. Questioning will be aimed at confirming that those present

played no role in the person's death. In this situation, a suicide note may help make a death less suspicious. However, caution is still required.

A Word about the Police

In most countries, the police will only attend deaths that are 'suspicious'. Sometimes the police will consider a death suspicious on the grounds that the person was either a member of Exit or because they left the *Peaceful Pill Handbook* lying close by. Police will always use their discretion as to what happens next if a person has died at home.

While police are usually sensitive and respectful when attending a home death, it is pertinent to remember that they are there to do a job. The police may ask questions of the nature of illness of the person who has just died. If the suicide is obvious they will note the method used (if apparent). Details will then be forwarded to the Coroner's office. However, if there is any suspicion in the minds of the police about the death, the questioning of those present may intensify. Be warned and be careful. The police are not your friend, no matter how friendly they may be to you.



An attractive coroner's court entrance

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How much do I have to tell the Police if they ask?

In most jurisdictions, the law requires you to tell the police your name and address. But that is it! Even if the police are being really nice to you, it's good to remember that they will make extensive notes of the day. These notes will include everything you tell them on and off the record. Given their record of conversation can be used as evidence in court, it's best to say nothing, or very, very little. It is your right to say nothing so use it. And never submit to a recorded police interview unless you have an lawyer present. Seek legal advice immediately.

Should I say I was present when He/ She Died?

Exit is often asked if it is lawful for a loved one to be with a person when they take their life (ie. drink their Nembutal). In reply we say that there is 'no clear legal answer.' Obviously, it is the right thing to be there for the one you love. No one should be forced to die alone. However, the right thing to do is not always the legal thing to do.

In Nth America, the UK, Ireland, Australia and New Zealand there is very little case law which exists to help clarify whether being present when a person dies a) amounts to encouragement to suicide - 'assisting a suicide' or b) reflects a breach of a duty of care - under civil law. Generally speaking, a duty of care does not kick in unless the person who has died is known to you or does not have mental capacity.

In general, there is little need to worry about whether you have a duty of care to stop a person suiciding. In modern western democracies, personal liberty is highly prized and is subject to strong legal safeguards.

‘Restrictions on liberty and interference with rights, privacy, dignity and self-respect ... [should be] kept to the minimum necessary in the circumstance’ (*Jervis on The Office and Duties of Coroners*, 1957).

Cleaning Away and the Law

Given that the deaths that we are talking about in *The Peaceful Pill eHandbook* are peaceful and dignified, any cleaning up refers to the removal of equipment such as an Exit Bag or empty drug packets from the scene of death. In some situations, this type of ‘cleaning away’ can be done well ahead of time. Many people who end their lives by drinking Nembutal will clean things up themselves. They will remove the bottle. They may even have time to rinse their glass before they nod off to sleep. If this is done, the cause of death will clearly look natural (even if it is suicide).

In most countries, cleaning up (if it means removing a gas cylinder and Exit bag) will be classified as an offence as it is interfering with the ‘circumstances of a death’ or ‘interfering with a corpse’ etc. In the scheme of things, this is not a serious crime. Note: removing an Exit bag from a person’s head after they have died, is a very different matter to helping the same person put the bag on their head in the first place. It is clearly ‘assisting a suicide’ to help a person position a bag on their head.

If, by chance, the authorities do become aware that some ‘cleaning-up’ has taken place, family and friends can explain their actions by saying that they were ‘protecting their family’s reputation’. They can say that it would be a ‘blemish on the person’s good name’ if their suicide were ever to be made public.

Final Considerations

Of course, whether you fess up to this at the scene of the death or get all defensive and insist on saying nothing unless you are to be charged, is always a line call. Only those present will be able to judge how to handle the situation. Generally speaking, however, the act of ‘cleaning away’ is unlikely to attract anything more than a legal slap on the wrist.

What if the Cause of my Death says ‘Suicide’?

At Exit workshops, the rooms can generally be divided evenly into those who worry about what will be recorded on their death certificate and those who do not. Some people, understandably, fear being known as old Aunt Josie who ‘committed suicide.’ Others will have no preference, saying ‘who cares what they write, I’ll be dead anyway?’

If a person who is about to die from a serious disease and their death looks natural, it is likely that this disease will be recorded as the cause of their death. If you do not want ‘suicide’ recorded on your death certificate, you will need to take steps to disguise the truth.

Dying without Trace

At first glance, most end-of-life drugs leave no obvious identifying signs. Take death from either liquid or powder Nembutal as an example. The person will appear to have succumbed to their cancer or heart disease. However, if Lethobarb - the veterinary dyed form of the drug is used - the person’s lips will be stained green; hence the name the ‘green

dream'. Green lips are a dead giveaway (pardon the pun) to a death that is not natural.

If an autopsy is performed, the pentobarbital (or any other drug) will be discovered. Questions about its source could be asked. A suicide note that explains the source of the drug could be very helpful in this situation.

The *only method* that leaves no trace, even at autopsy, is the Exit Bag with nitrogen (a hypoxic death with helium will be detectable at autopsy). For the death to be recorded as natural, however, the bag, tubing and the cylinder would need to be removed. This is where a possible breach of the law comes in.

Is it better to die in the Morning or Evening?

Regardless of the method, it is generally advisable that the death takes place in the evening. This not only provides a window of time as a safeguard against drugs taking longer than normal to work, but it will allow family members or friends to 'discover' the body in the morning. Then the doctor can be telephoned and the official paperwork completed by him/her. An overnight death also allows for everyone else in the house to say they were asleep in bed when the death took place (with no one able to prove otherwise).

Autopsies

If there is any doubt about the cause of death, the attending doctor will contact the coroner and an autopsy may be arranged. An autopsy involves the dissection of the body by a pathologist,



the visual and microscopic inspection of organs, along with the biochemical testing of body fluids, stomach contents etc.

At autopsy, the existence of any drugs (and alcohol) in the body will be discovered. If the drug is uncommon or difficult to obtain, questions will be asked about whether or not assistance was provided in obtaining, preparing or administering the substance.

It is usual for a family to have no control over whether an autopsy is performed. The laws governing autopsies generally have little regard for the feelings of those left behind. That said, autopsies are expensive and so are generally only carried out if there is a legal or medical mystery associated with the death.

In cases where the death is obviously a suicide, an autopsy is generally unlikely to be performed. The take-home message in regard to autopsies is that if a totally undetectable death is important to you, and your family is prepared to stretch the law



A typical tagged body at autopsy

for you by taking the equipment away after your death, Nitrogen is your only option that will show nothing at autopsy.

Safeguarding Your Will

As discussed earlier, the medical profession has long argued that suicide is usually the outcome of a psychiatric illness. This makes rational suicide a contradiction in terms. If a person wants to die - regardless of the context - then QED they were not thinking rationally.

Luckily, the law has never gone down the path of equating suicide with mental illness. Rather, the courts have found in a wide range of cases where suicide is no indication of mental illness. To this end, the law refuses to see suicide as the outcome of mental illness. Indeed, some suicide notes have even been upheld as wills. Two birds with one stone as they say.

Where the making of a will is concerned, the law will be relatively unconcerned if your death was a suicide or not. What counts in terms of making a will is that you were of 'sound mind, memory and understanding' at the time that you made it.

This means that you must understand what you are doing in making your will, you must have a general overview of your assets that you intend to give away, you must be mindful to those who may have a 'moral claim' to your assets (eg. your blood relations) and, finally, you must be aware of the ramifications of dividing your assets in the way you have done.

If you fulfill these legal requirements, you will be said to have 'testamentary capacity'. So even if you then go on to suicide, your will will be relatively safe from contest on the grounds of incapacity. If safeguarding your will is important to you there are several further steps that can be taken as extra precautions. These may be particularly important if your will is contested in court and if the 'other side' calls hostile psychiatrists as expert witnesses.



Fig 22.4: It is your last will after all

As professionals trained in the pointy end of bio-medicine, it is psychiatrists who are most likely to reject the premise that your decision to end your life was a rational one. Indeed, most psychiatrists object to the concept of rational suicide. As expert witnesses - even if they have never met you - psychiatrists have the power to make your suicide seem the action of a mentally ill person. Planning head by undertaking a few simple steps can minimise the chance of this occurring in court.

- Ask your Doctor to go witness for your will. In addition, ask them to document in their medical notes your state of health and state of mind at the time you make your will.
- Ask your family members to write a brief statement of your mental wellness at the time you suicided. Courts will generally prefer evidence from those who knew you rather than consulting psychiatrists who never met you.
- Give your lawyer a one-page explanation of why you are dividing your assets up in this way - thereby providing extra evidence that you knew exactly what you are doing.
- If you are making a will that is substantially different from a previous version, write an explanation of why have changed your mind and give this to your lawyer.

If you have had a diagnosis of early Alzheimer's Disease - there will be no right or wrong answer.

On the one hand, you could submit to an examination for the express purpose of pinpointing the degree to which you are affected, and hope that your testamentary capacity is confirmed.

On the downside of course is that a) you may not wish to know and b) the results may be worse than you thought. There is no clear guideline for a diagnosis as devastating as Alzheimer's Disease and Dementia.

The above discussion is intended to provide a useful checklist for safeguarding what happens to your property after you are gone. And, more importantly, to ensue that just because you suicide, your intentions should not be compromised or overlooked. For legal advice on all aspects please consult a solicitor or attorney in your local area.

Preserving Your Privacy with a Mail Forwarding Service

In this era of identity theft, an increasing number of people are turning to offshore mail forwarding services in order to receive their mail in their home country. These services have sprung up partly because of the boon in online shopping but also because people are increasingly wary about revealing their true mail and street address when purchasing online.



Fig 22.5: How mail forwarding services work

Regardless of where you live ,there will be a mail forward service for your area. Some services only forward letters. Others take all your mail, re-parcel it into plain wrapping and send it on by either regular mail or by Fed X courier etc.

Once you decide to go with one of these services, you will need to shop around to find the one that offers the right service for your particular needs.

Examples of these virtual mail forward services include (in no particular order):

<http://www.mailnetwork.com/>

<http://www.myus.com/>

<http://www.my-mail-service.com>

As one website says: ‘You can use this address to give others the impression that you or your business are located in Vancouver as opposed to the city, province, state, country or continent in which you currently reside.’ They then add: ‘We can even repack your mail for added discreetness.’

Grief Counselling

The rational suicide of a loved one will evoke mixed reactions in those close to that person. The broader community's reaction may also be mixed. While most people support the concept of rational suicide there is still a significant minority who do not. It cannot be assumed that there will always be sympathy for those left behind so be careful.

In many circumstances where a person has died of their own hand, counselling may be of assistance for those left behind. The ability to talk things through can be therapeutic and can go a long way towards easing the inevitable grief and despair.

Private counsellors list their services in most countries' telephone directories and of course online. Community health centres also commonly offer counselling as part of their range of health services. There are also often community telephone help lines.



Fig 22.6: Angelika Elliott with her husband John on the morning of his assisted suicide in Zurich in 2007

Telling Your Story Publicly

Some people who choose rational suicide resent the fact that they are made to act like criminals in order to die with dignity. While some travel overseas to acquire prohibited drugs, others lie to their doctors and deceive those they love. Most of us are acutely aware that this cloak of darkness has to change.

This is why some people want their deaths to mean something publicly. Telling your story in the media is one way to push the debate forward. If you think you would like to contribute to public debate and encourage legislators to act, there are several options available. As trite as it might sound, as a rule of thumb, most media are keen on personal stories that involve suffering and heroism.

Take the story of Australian grandmother, Nancy Crick, as an example. Nancy went public with her plans to invite 21 end of life choices campaigners to be with her on the night she took her Nembutal. In telling her story Nancy wanted to force the authorities to clarify whether it was a breach of the law to be with someone when they die. Nancy died peacefully, sipping on Baileys and smoking her last cigarette. The Australian Police never did decide to charge those present. This grey area of the law prevails to this day.

Over the years, Exit has found that an alternative approach is for the person to film their story, or provide an interview, on the condition that it be published only after their death. This was the case with 31-year-old Angelique Flowers. Angelique's Internet plea to the Australian Prime Minister was front page news in *The Sydney Morning Herald*.

See: <http://bit.ly/1JzVOQB>

Her *YouTube* plea is still publicly available at:
http://www.youtube.com/watch?v=jdx_d_EFDd4s

A documentary about her death titled '35 Letters' won the 2014 Sydney Film Festival.

The trailer can be viewed at:
<http://www.youtube.com/watch?v=5DqXGLwmJsc>

One possible downside of 'going public', however, is that the tapes and records can be used as evidence in a court room. If you do want to prepare a farewell message, be sure to be careful what you say about the involvement of loved ones. After all, it was the airing on *60 Minutes* of a video tape of Dr Kevorkian assisting his patient, Thomas Youk, that saw Kevorkian spend his next decade in prison.

A third possible way to tell your story publicly is for your family and those closest to you to speak for you after you have gone. This is a very safe option. However, without the imagery and direct quotes from you, there will be much less media interest



Fig 22.7: Angelique Flowers' Youtube video

and likely less impact. That said, getting people's stories out to the broader public domain is an essential part of initiating political change.

Concluding Comments

The Peaceful Pill eHandbook was first published in 2008. Since this time the book has been regularly updated to include new and changed information. This is essential to keep up with the debate about end of life choices.

The online format of the *eHandbook* has allowed updating when and as it is required. At the current time, the *eHandbook* is updated around six times each year. The online *eHandbook* contains over 50 pieces of video, providing hands-on instruction and critical detail on a diverse range of issues. And it can now be accessed on laptops, PCs, Androids and iPads and iPhones.

The Peaceful Pill eHandbook is made available in the philosophical belief that knowledge equals empowerment. An an end-of-life plan makes for longer and happier life in one's later years. Far from pushing people towards suicide, establishing one's options helps people to stop worrying, and get on with living better.

For those with terminal illness, being back in control can be pretty satisfying given the adversity which surrounds.

Freedom shouldn't take this much effort.

But for the time being it does.

Exit appreciates reader feedback on the facts and the feelings that come with reading our books.

Thank you.

Exit Reliability - Peacefulness Test

Rating Factor	NEMBUTAL	NITROGEN	DDMP	FENTANYL	NITRITE
Reliability(10)	10	8	10	8	7
Peacefullness (10)	10	7	9	9	7
Availability (5)	2	4	4	3	4
Preparation (5)	5	2	3	5	5
Undetectability (5)	4	5	4	4	2
Speed (5)	4	5	3	3	3
Safety (5)	5	5	5	5	5
Storage (5)	4	5	3	3	5
TOTAL (50)	44	41	41	40	38
%	88%	82%	82%	80%	76%
RATING	1	2	2	4	5

Rating Factor	PROPOXYPHENE	CHLOROQUINE	CYANIDE	AMYTRIPTILINE	AZIDE
Reliability(10)	9	8	10	8	9
Peacefullness (10)	7	5	5	7	6
Availability (5)	4	5	1	3	3
Preparation (5)	3	3	4	3	4
Undetectability (5)	3	3	3	3	2
Speed (5)	2	3	5	2	5
Safety (5)	5	5	2	5	2
Storage (5)	3	4	5	3	3
TOTAL (50)	36	36	35	34	34
%	72%	72%	70%	68%	68%
RATING	6	6	8	9	9

Rating Factor	MONOXIDE	MORPHINE	H2S	INSULIN	CHLORAL
Reliability(10)	9	4	10	5	5
Peacefullness (10)	8	10	3	5	5
Availability (5)	3	2	5	3	3
Preparation (5)	2	5	4	2	3
Undetectability (5)	1	2	0	2	2
Speed (5)	5	2	5	5	3
Safety (5)	1	5	0	5	5
Storage (5)	4	3	4	3	4
TOTAL (50)	33	33	31	30	30
%	66%	66%	62%	60%	60%
RATING	11	11	13	14	14

About Philip Nitschke

Dr Philip Nitschke PhD, MBBS, BSc (Hons) is the Founder and Director of Exit International. As the first doctor in the world to administer a legal, lethal, voluntary injection under Australia's short-lived *Rights of the Terminally Ill Act*, Philip is a pioneer of the modern right to die movement globally.

Philip was awarded his doctorate in applied physics. He later became a graduate of Sydney Medical School.

With Fiona Stewart, Philip is author of *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill* (Penguin 2005, now republished). His autobiography, *Damned If I Do* (with Peter Corris) was published by Melbourne University Press in 2013.

Philip is the recipient of many rewards and honours including nine-time nominee for Australian of the Year. He lives in the Netherlands.

About Fiona Stewart

Dr Fiona Stewart PhD, MPolLaw, LLB, BA is a public health sociologist and lawyer. Fiona has worked in a variety of fields including over a decade in academia. Fiona has also been a consultant to World Health Organization, a journalist, newspaper columnist, dot-com founder and media strategist. Fiona lives in the Netherlands.



Fiona Stewart & Philip Nitschke

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In *The Peaceful Pill eHandbook*, Dr Philip Nitschke draws upon the latest scientific research to explain a range of practical and useful end of life strategies. By applying Exit's 'Reliability - Peacefulness' test, the readers can compare the benefits of various options including the barbiturates (sources, testing, administration), the use of inert gases such as Nitrogen, poisons, prescription / over-the-counter drugs as well as the assisted dying services available to foreigners in Switzerland. Finally, the PPeH also covers issues such as testamentary capacity, wills, advance health directives, death certificates and autopsies.

Read what the critics say about *The Peaceful Pill Handbook*

"The second was a newer book by the Australian right-to-die advocate Philip Nitschke called "*The Peaceful Pill Handbook*." The pill in the title (though not literally a pill; it comes in liquid form) was Nembutal ... After reading about it, Sandy thought pentobarbital was what she was looking for. It was reliable, fast-acting and - most important to her - a gentle way to die."

New York Times Magazine, 14 May 2015

"*The Peaceful Pill Handbook* ... lays out methods to end one's life ... the book is banned in Australia and New Zealand. In the United States, though, it is only a few mouse clicks away online."

New York Times, 21 July 2008

"I have read the digital version of your *Peaceful Pill eHandbook* cover to cover and I greatly admire your courage in providing this critical information to the public. Please keep up your excellent work!"

Margaret, USA

"I have bought *The Peaceful Pill eHandbook* and it is a great comfort to know that there are people who understand what suffering is and how we should have the right to choose whether to live or die."

Stephen, UK



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